Commonwealth of Massachusetts
Executive Office of Health and Human Services

Virtual Gateway

ESM (WHN) Manual

June 21, 2006 - For Pilot Use Only

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Module 1: Getting Started

Introduction

The Virtual Gateway is a single point on the Internet for accessing programs and services offered by the Executive Office of Health and Human Services (EOHHS).

Enterprise Invoice Management/ Enterprise System Management (EIM/ESM) is a web-based billing and service delivery reporting system for Purchase of Service (POS) Providers and is one of the many services offered through the Virtual Gateway. Use of specific EIM/ESM modules is discussed in later modules.

This module discusses the following topics:

- What is the Virtual Gateway
- Accessing the Virtual Gateway
- Accessing Provider Services (including EIM/ESM)
- Password Management

What is the Virtual Gateway?

The ultimate goal of the Virtual Gateway is to streamline service access and coordinate service delivery. It serves three important groups:

- Internal Health and Human Services staff
- Service provider staff
- Consumers

In addition to EIM/ESM the Virtual Gateway also offers:

- **Catalog:** An online catalog with descriptions of several of the most widely used programs in Health and Human Services.
- **Screening & Referral:** A short online survey for consumers and providers to determine potential eligibility for select EOHHS programs. Multiple services can be assessed at the same time.
- **Common Intake:** A single, online data collection tool for registered providers to create applications for multiple EOHHS programs on behalf of clients. (Login required.)

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- **Transitional Assistance Gateway:** An online inquiry tool for registered agencies to view secure case management information for various transitional assistance programs, including Food Stamps, financial assistance, and homeless services (Login required).
- **Provider Data Management:** An online service that gives *Purchase of Service (POS)* providers a single place to view, upload and edit information commonly requested by Health and Human Services agencies. The service also provides EOHHS agencies with a single place to view provider information (Login required).
- **Service and Transition Planning:** An online tool for registered EOHHS staff and providers to support collaborative treatment planning and referral services for certain children served by EOHHS (Login required).
- **ASL CART Referral Services:** An online service for service providers to request ASL interpreter or CART services on behalf of consumers; for ASL interpreters and CART reporters to post availability schedules, review and apply for open jobs. (Login required).
- **IRIS Services for Deaf and Hard of Hearing Consumers:** A computer program for referral available to the Commonwealth's population of deaf and hard of hearing consumers. The name of this program is *Interpreter Referral Information System (IRIS).*
- **Homeless Management Information Systems:** The *Homeless Management Information Systems (HMIS)* perform data collection to capture information about citizens who experience being homeless over a period of time.

Major releases are planned each year to continue to improve and expand services under the Virtual Gateway.

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Accessing the Virtual Gateway

Access to EIM/ESM is through Virtual Gateway Provider Services. To Access Provider Services:

1. Open an Internet Explorer session.
2. Type the web address http://www.mass.gov/eohhs in your browser.
3. Select **Provider Services Gateway ENTER>>**

Tip: Once you are in the Virtual Gateway, you must use the navigation tools that are part of the application *not* your Internet browser's **Back** and **Forward** ( ) buttons.

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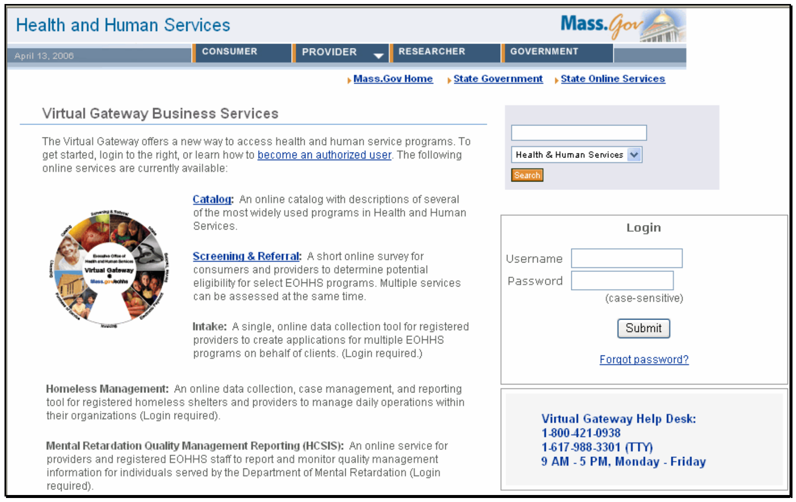
Accessing Virtual Gateway *(continued)*

You are directed to the Business Services page for login.



4. Enter **Username** and **Password**.
5. Click the **Submit** button.

*The **Virtual Gateway Business Services** page displays.*

Note: Security requires that each person have a Virtual Gateway username and password.

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Accessing Virtual Gateway Services

The **Virtual Gateway Business Services** page displays after you have successfully entered your username and password. You can select the service(s) you wish to access from this page. If you need access to additional services, you can contact your Access Administrator. You can call the Virtual Gateway Help Desk if you need any assistance: 1-800-421-0938.

Note: Once you are logged in, you will have access to EIM/ESM.

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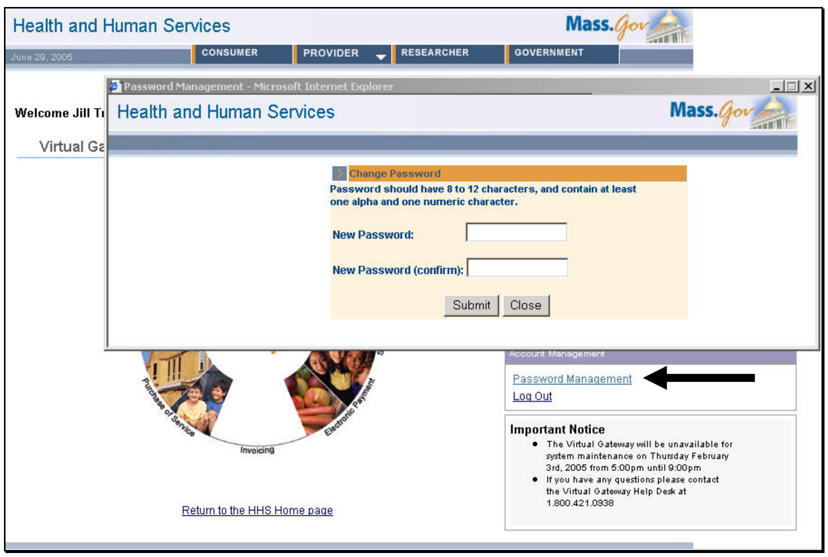
Password Management

Password policy rules:

- Each user will be assigned a username and temporary password sent through e-mail by the Virtual Gateway help desk
- Each user must change their password after first log in
- The password must be between 8 and 12 characters and at least 1 alpha and 1 numeric character
- Passwords are case sensitive
- Users will be automatically logged out of the system after 30 minutes of inactivity.



Once you login, you can change your password.

To change your password:

1. Access the Business Services page.
2. Click the Password Management link.
   The Change Password popup window appears.
3. Type your new password twice.
4. Click the Submit button.
5. Click the Close button.

Virtual Gateway Help Desk Information

The Virtual Gateway Help Desk is available to assist with:

- General questions regarding the Virtual Gateway
- Technical questions or system issues
- Questions regarding how to use EIM/ESM
- Password resets

Please be prepared to provide the following:

- Name, organization, phone number, Email address
- Module/Page/field you were working on (if applicable)
- Description of the issue or error message
- Perceived criticality

You can reach the Virtual Gateway Help Desk at 1-(800)-421-0938 from 9 a.m. to 5 p.m. Please leave a voice mail if calling after hours.

Note: If the Help Desk is unable to resolve your issue while on the phone, a ticket number will be issued along with any relevant workarounds.

Module 2: Introduction to EIM/ESM

Introduction

The EIM/ESM system provides functionality for a variety of provider and agency users. These functions are presented as modules within EIM/ESM. Modules that are required to complete day-to-day responsibilities are covered in this user manual. Users have access to their required modules when logged into EIM/ESM. Other modules will not be accessible.

Each module in the EIM/ESM system has a corresponding module in one of the EIM/ESM user manuals. This module discusses the following topics:

- What is EIM/ESM
- EIM/ESM Overviews
- Benefits of EIM/ESM

What is EIM/ESM

Enterprise Invoice Management/Enterprise System Management (EIM/ESM) is a web-based billing and service delivery reporting system for Purchase of Service (POS) Providers.

Enterprise Invoice Management (EIM) is an EOHHS-wide invoicing and service delivery reporting tool which coordinates invoicing and reporting across POS programs, agencies, and providers.

Enterprise Service Management (ESM) supports providers contracted through the Department of Public Health (DPH) with a client management and service tracking tool. ESM fully integrates and coordinates delivery and administration of care across DPH programs, bureaus, and providers.

This manual focuses on billing functionalities available in EIM. Additional information about EIM/ESM can be found under the Provider tab of the EOHHS web page: www.mass.gov/eohhs.

EIM Overview

EIM (Enterprise Invoice Management) enables provider organizations to invoice or bill EOHHS agencies for certain Purchase of Service (POS) contracted services.

Invoice and claims:

- Are generated and submitted by providers through EIM
- Are automatically adjudicated within EIM
- Adjudication results can be viewed in EIM

PRC (Payment Request for Commodity) formerly a Payment Voucher (PV):

- Are generated within EIM
- Can be tracked through EIM

Remittance Processing:

- Explanations of Benefits (EOBs) can be accessed through EIM

ESM Overview

ESM (Enterprise Service Management) enables provider organizations to maintain their client roster, program enrollments, service plans, case management plans, and to encounter documentation.

Client Management:

- Accepts electronic applications
- Maintains client information

Service Management:

- Determines eligibility
- Enrolls client
- Manages authorizations
- Enables service planning and tracking

Note: Initially, ESM will be deployed for DPH programs only.

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Benefits of EIM/ESM

How does the overall EIM/ESM service benefit providers?

- **Simplifies** reporting and invoicing for purchased services
- **Enables** providers to track invoices and claims through the adjudication and payment process, providing information about status, adjustments, date of payment, etc.
- **Provides** unprecedented enterprise reporting capabilities to provider organizations as well as agencies

What are the Benefits of EIM?

- Provides Expedited payment
- Provides real-time payment processing
- Offers access to up-to-date financial data

What are the Benefits of ESM?

- Provides access to dynamic data collection and reporting
- Provides online, client-based enrollment
- Enhances referral throughout Treatment Episode

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Module 3: EIM/ESM Navigation Basics

Module Links

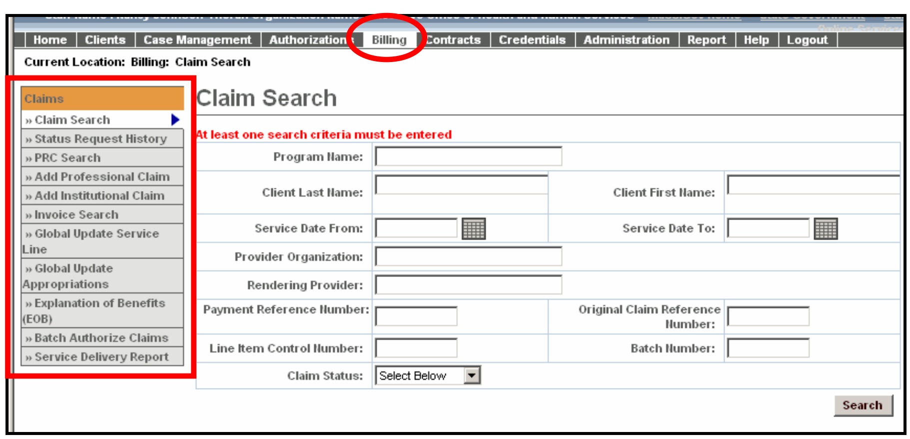
When a user logs into EIM/ESM, the **module links** are immediately available at the top of the page.

Each **module link** corresponds with a functional area: the **Billing** module provides access to claim and invoice functions, the **Report** module provides access to reports, etc.

Clicking a module link to navigates you to the corresponding features.

The Navigation Bar

When a module is selected, a corresponding **navigation bar** appears on the left side of the page, allowing users to navigate to related functions.



The default page—the page that displays first when a module is selected—varies by module, but it is typically a search page.

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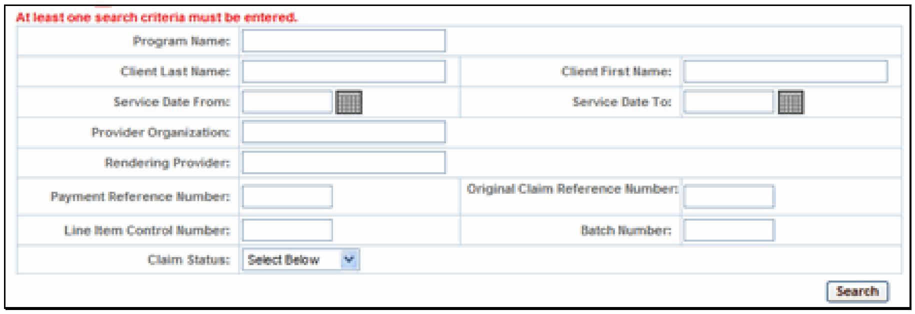
Search

Searching for records is the first step in most EIM/ESM functions. Users search for applicants, clients, invoices, claims, contracts, etc., depending on the functions they use.


At least one search criteria must be entered.
Program Name:
Client Last Name:
Client First Name:
Service Date From:
Service Date To:
Provider Organization:
Rendering Provider:
Payment Reference Number:
Original Claim Reference Number:
Line Item Control Number:
Batch Number:
Claim Status: Select Below
Search

Users search by entering a value or wild card search in a criteria field.

The wild card is **%.** It can be used in alpha-numeric fields alone or with other characters:

If the criteria is…	The results will be…
M%	Madeleine, Mohit, Molly, Morgan, Morty
Mo%	Mohit, Molly, Morgan, Morty
Mor%	Morgan, Morty

The **%** can be used alone to return all records; however, searching for all records may be slow process.

Tip: To narrow down search results, populate as many search criteria fields as possible (for example last name, birth date etc.)

To search:

1. Enter criteria in a field
2. Click 

The search results appear.

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Search Results

Search results consist of a list of linked records:

Search Results

Last Name	First Name	ID	ID Type	Date of Birth	Address	City	Region	State
Adams	Sam	R	SSN	12/31/1965				
Adams	Samantha	R	SSN	03/11/1935	10 Fairbanks Street	Auburndale	EOHHS REGION 4: METRO WEST	MA
Almelkar	Gopal	U	SSN	12/13/1970				
Austen	Jane	R	SSN	01/01/1950	1510 Mass Ave	Cambridge	EOHHS REGION 4: METRO WEST	MA

Click the linked field to select and view the record.

Breadcrumbs

Breadcrumbs at the top of each page allow the user to navigate to previous pages easily.

Current Location: Client > Client Search > Face Sheet > Client Summary

In the above example, the current page displayed is **Client Summary**. To return to the Client Search page, simply click Client Search > . Do not use the browser **Back** button.

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Module 4: Intake, Eligibility and Enrollment Overview

Overview

Who	Provider Intake Staff who enroll applicants in Women's Health Network.
What	• Receive applications • Screen applicants for eligibility • Apply for waivers for some ineligible applicants • Enroll eligible applicants and applicants with approved waivers
When	An application is created in Common Intake and forwarded to ESM for eligibility screening and enrollment.

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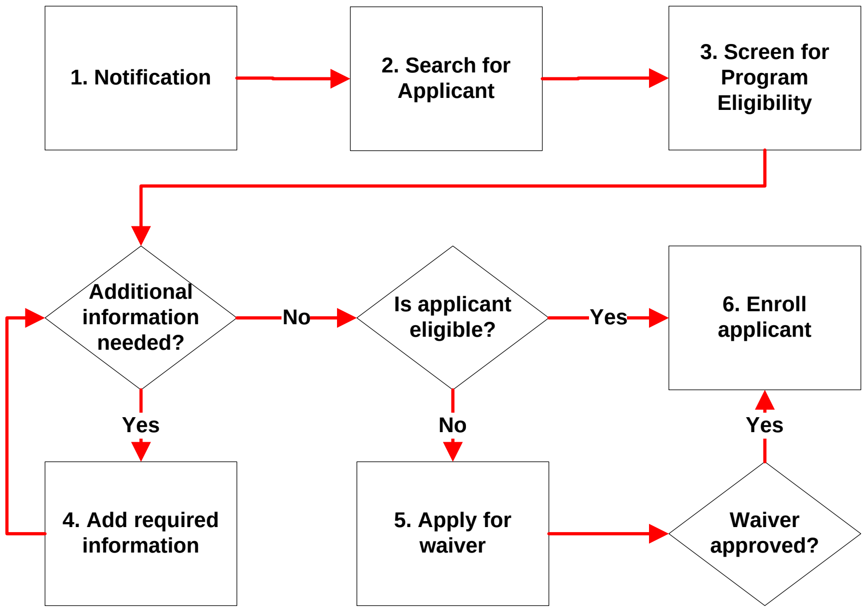
Workflow

This workflow appears the process for determining eligibility and enrolling applicants in a program. Each step is covered in depth in later module of this manual.

Here is an overview:



1. Receive notification of a new applicant.
2. Search for an applicant's record.
3. Add information to an applicant's record, if needed.
4. Screen for eligibility for the targeted program.
5. Apply for a waiver for ineligible applicants in certain situations.
6. Complete enrollment if an applicant is eligible or has an approved waiver.

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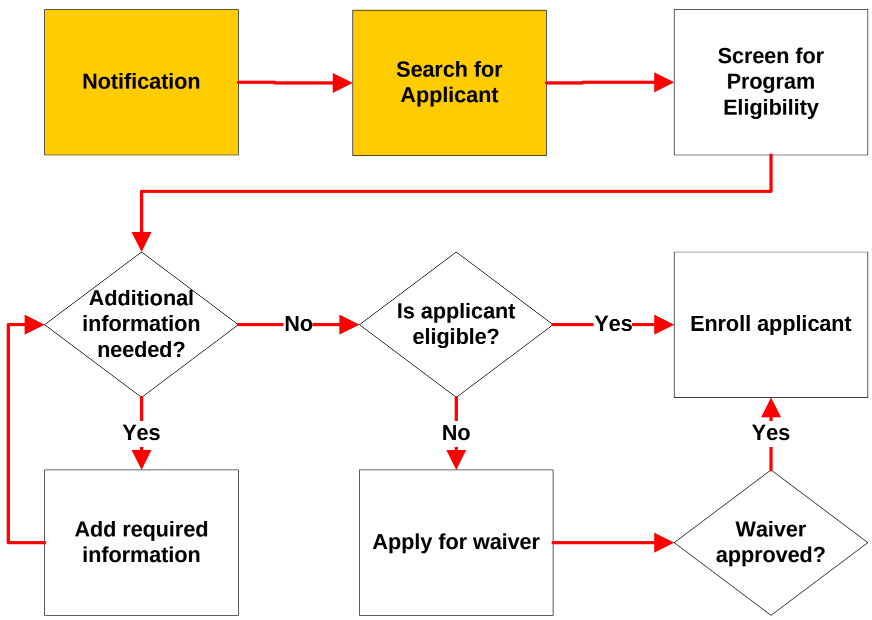
Module 5: Searching for an Applicant

Search Overview

In this section, we address the first two steps in this process:

- receiving notification of new applicants in the system
- searching for an applicant



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Common Intake

All Women's Health Network applications originate in Common Intake, a separate service in the Virtual Gateway.

Common Intake is the tool providers use to apply for multiple programs on behalf of applicants. Common Intake applications may originate in medical settings (hospitals, community healthcare centers) or other provider settings, such as Community Action Programs or homeless shelters.

Programs available through the Common Intake form are:

- Women's Health Network
- MassHealth
- Food Stamps
- Childcare
- *Women, Infants and Children (WIC)*
- Mass Commission for the Deaf and Hard of Hearing
- Mass Commission for the Blind
- Mass Rehabilitation Commission
- Long-term Care for Elders

When someone applies to Women's Healthcare Network through Common Intake, the data gathered is sent to ESM, where the applicant is screened and enrolled.

Notification of New Applications

When applications originate with one provider and WHN services are delivered by a second provider, WHN administration issues a consent for the second provider and notifies the provider by phone. The phone call alerts the provider's WHN intake staff to search for the new application.

When one organization performs both intake and service delivery, the organization develops its own business process for notifying intake staff of a new application in the system.

As an alternative, WHN intake staff may search the system regularly for new applications.

Searching for Applicants

Client Search is the only way to access applicant and client records.

Client Search should be used prior to creating a new client record to determine whether the person already exists in the database. This helps avoid duplicate records.

You can use the search feature to locate records for review and enrollment.

Access Client/ Applicant Search Page

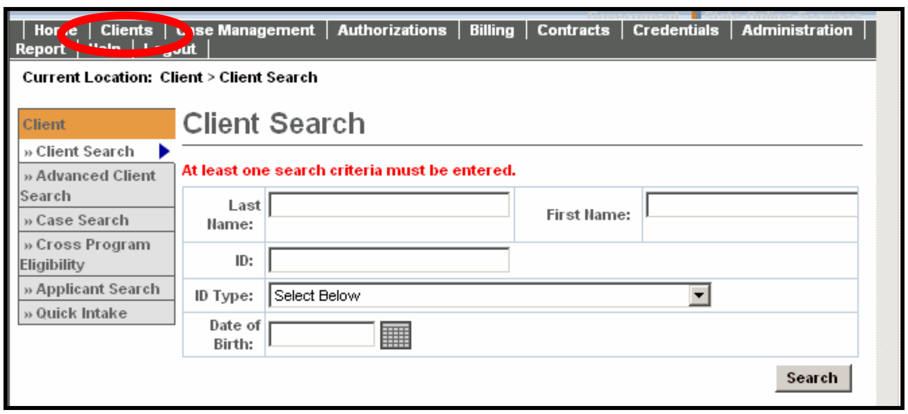
First, log in to *EIM/ESM*.

To access the **Applicant Search** page:

1. Click the **Clients** module.
   *The **Client Search** page appears.*

Tip: The **Client Search** page is the default.

2. Select **Applicant Search** from the navigation bar.



*The **Applicant Search** page appears.*

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Search Process

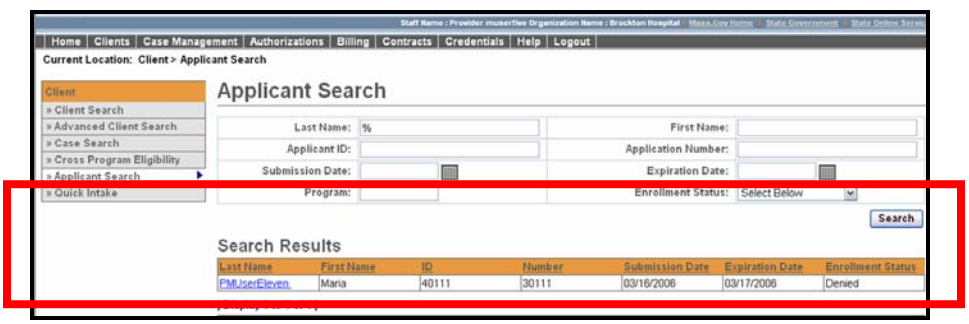
Begin at the **Applicant Search** page.

1. Enter search criteria.
   - You can search by partial criteria in the names fields (for example, **A** returns all names beginning with A)
   - You can use the **%** wild card for all fields except social security number. Using the wild card alone in a name field returns all records; however, the response time is slower for wild card searches.
   - Available fields include:
     - First or last name
     - Date of birth
     - ID number (Client ID, Employers ID number, SSN, WHN Unique ID, Health Care Financing Administration ***National ID number)***

Tip: To narrow down search results, populate as many search criteria fields as possible.

2. Click **Search**

   The search results are listed below the search criteria.



3. Select the applicant name link from the search results.

   *The **Face Sheet** page appears.*

Important: Review **Face Sheet** to check WHN required eligibility data fields are populated.

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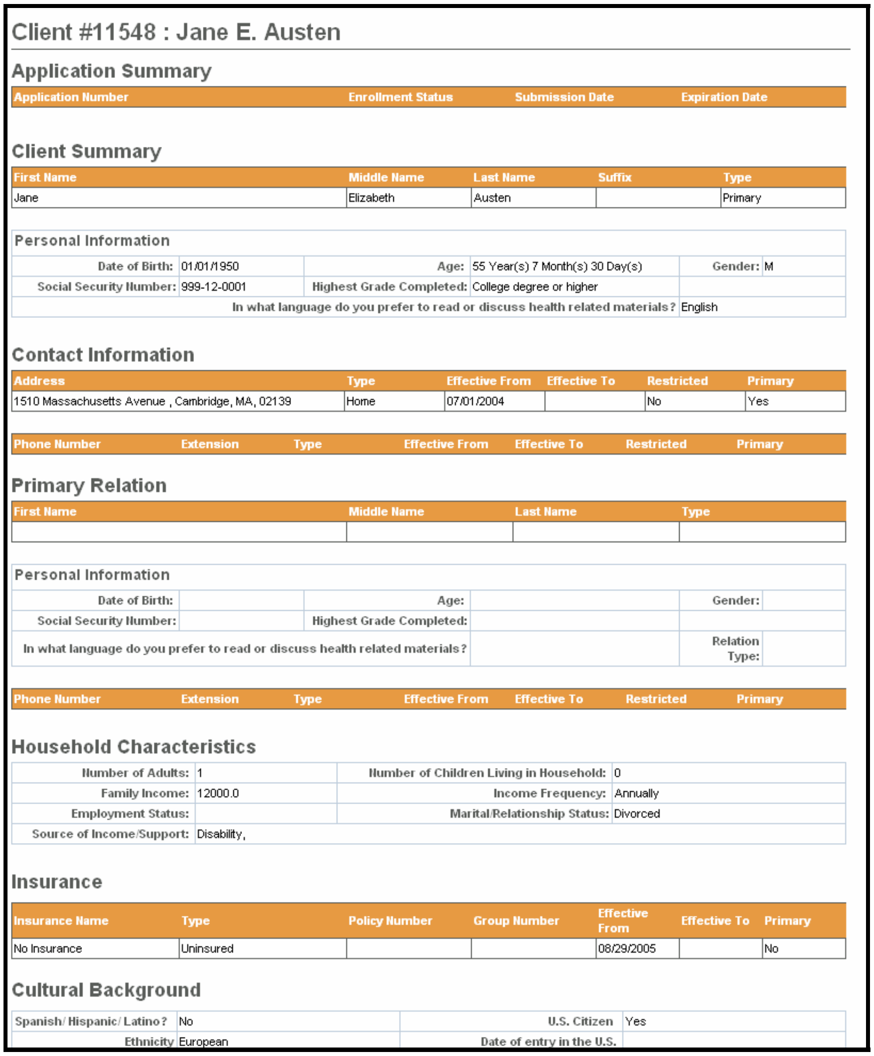
Face Sheet

The information displayed on the **Face Sheet** is collected during intake, using the Virtual Gateway Common Intake form.



Client #11548 : Jane E. Austen

Application Summary

Application Number	Enrollment Status	Submission Date	Expiration Date

Client Summary

First Name	Middle Name	Last Name	Suffix	Type
Jane	Elizabeth	Austen		Primary

Personal Information

Date of Birth:	01/01/1950	Age:	55 Year(s) 7 Month(s) 30 Day(s)	Gender:	M
Social Security Number:	999-12-0001	Highest Grade Completed:	College degree or higher		
In what language do you prefer to read or discuss health related materials?				English	

Contact Information

Address	Type	Effective From	Effective To	Restricted	Primary
1510 Massachusetts Avenue , Cambridge, MA, 02139	Home	07/01/2004		No	Yes

Phone Number	Extension	Type	Effective From	Effective To	Restricted	Primary

Primary Relation

First Name	Middle Name	Last Name	Type

Personal Information

Date of Birth:		Age:		Gender:	
Social Security Number:		Highest Grade Completed:			
In what language do you prefer to read or discuss health related materials?				Relation Type:	

Phone Number	Extension	Type	Effective From	Effective To	Restricted	Primary

Household Characteristics

Number of Adults:	1	Number of Children Living in Household:	0
Family Income:	12000.0	Income Frequency:	Annually
Employment Status:		Marital/Relationship Status:	Divorced
Source of Income/Support:	Disability,		

Insurance

Insurance Name	Type	Policy Number	Group Number	Effective From	Effective To	Primary
No Insurance	Uninsured			08/29/2005		No

Cultural Background

Spanish/Hispanic/Latino?	No	U.S. Citizen	Yes
Ethnicity	European	Date of entry in the U.S.	

Tip: You cannot edit information directly within the **Face Sheet**; however, you can easily navigate to editable forms from this page.

Face Sheet Information

The **Face Sheet** is a summary of all applicant information available in the system.

It includes:

- personal information
- contact information
- demographic information
  - household characteristics
  - cultural background
- relatives
- insurance information
- referrals

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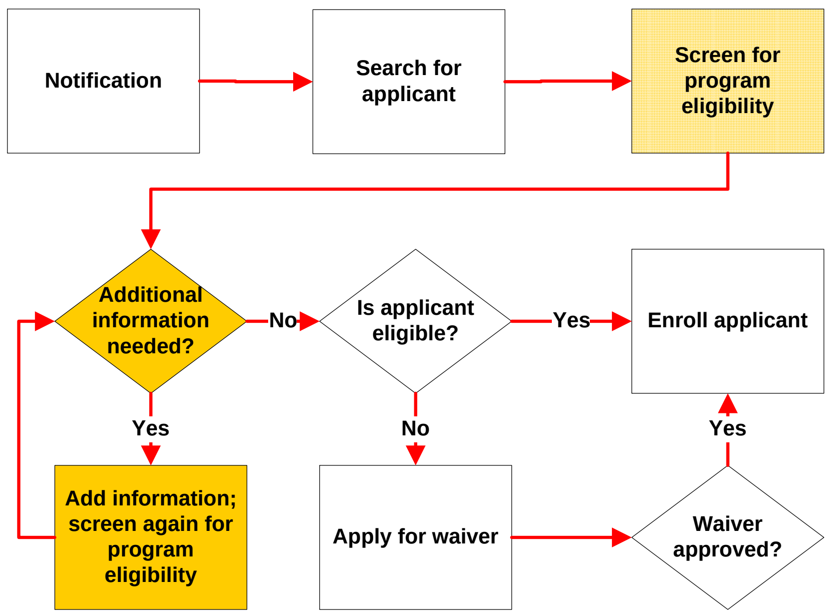
Module 6: Adding and Editing Applicant Information

Applicant Information Overview

Often, incoming applications do not contain all information needed for eligibility determination and enrollment.

If required information (demographic data collection) is missing, the system notifies the provider and supplies links to screens where the required information can be entered. Once the information is entered, the provider screens for eligibility again.



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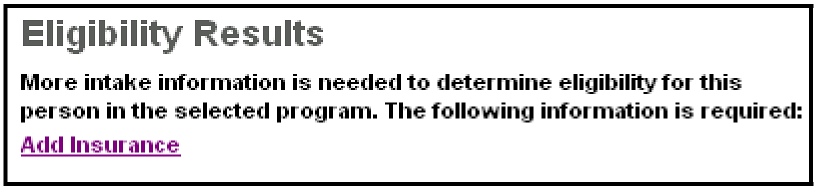
Adding and Editing Information

When the system is unable to determine eligibility because of missing information, it provides links to forms where information can be entered.



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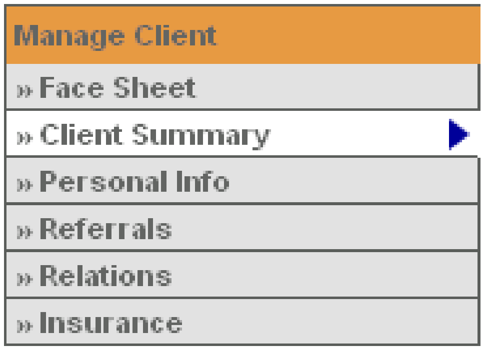
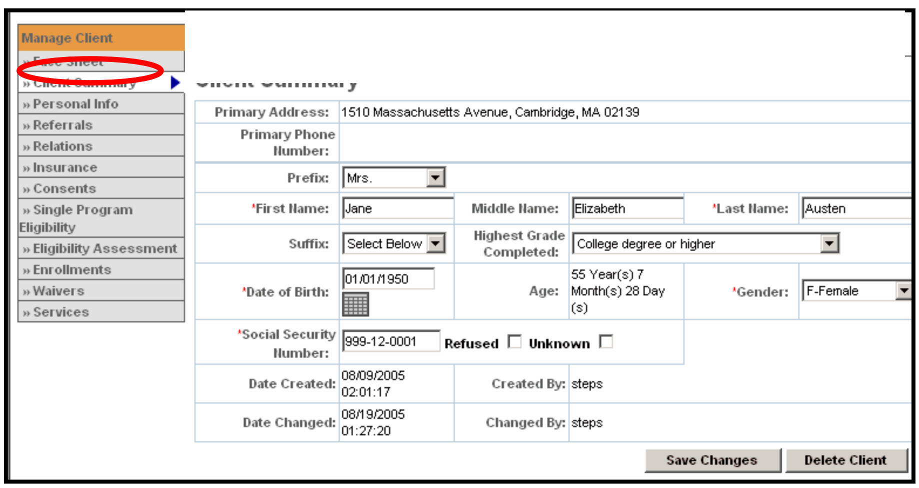
Editing Information From the Face Sheet

Information can also be added and edited from the **Face Sheet**.

When the **Face Sheet** is displayed, the navigation bar provides categories that link to forms where information can be edited.

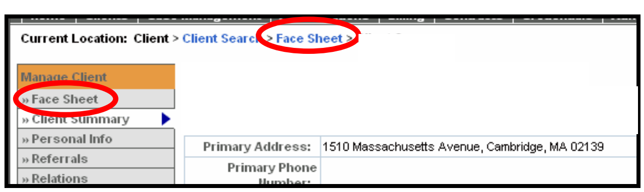


Note: Personal Information and Referrals lead to sub-menus. When you click a category on the navigation bar, a form appears. When you select Personal Info, you can access demographic and household information.



Add information, and click .

Tip: Click **Face Sheet** in breadcrumbs or on the navigation bar to return to the Face Sheet page, where you can screen for eligibility or edit other information.

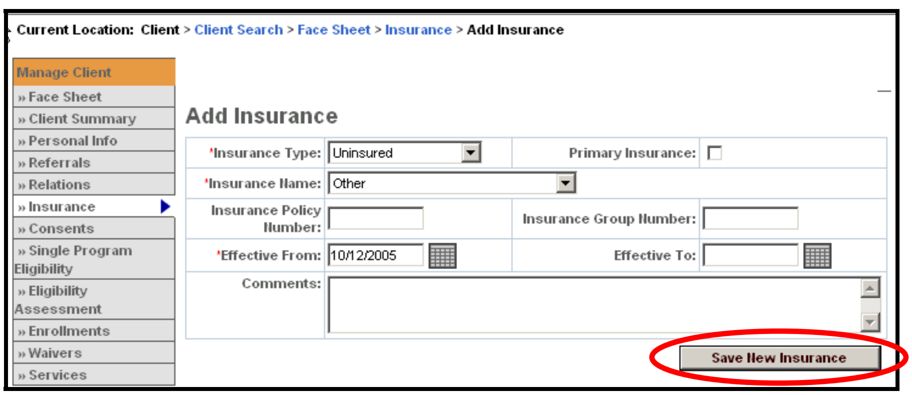


Adding Applicant Information

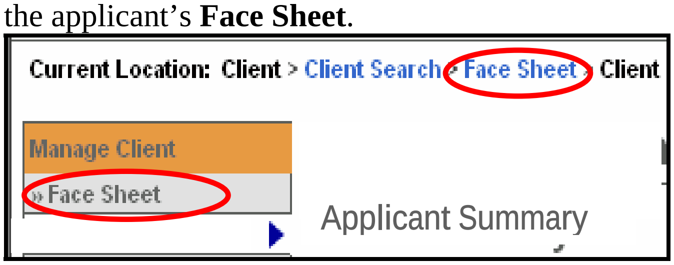
In ESM, an applicant may have multiple addresses, phone number, types of insurance, referrals, relations etc. on record. Use the following process to add an information set:

1. Select the information category.
2. Click Add Item (item may be insurance, address, referral, etc.)

3. Complete required fields on page.
   Note: Required fields are marked with a red asterisk.
4. Click **Save** (Item). (item may be insurance, address, referral, etc.)



Click Face Sheet in breadcrumbs or on the navigation bar to return to the applicant's **Face Sheet**.



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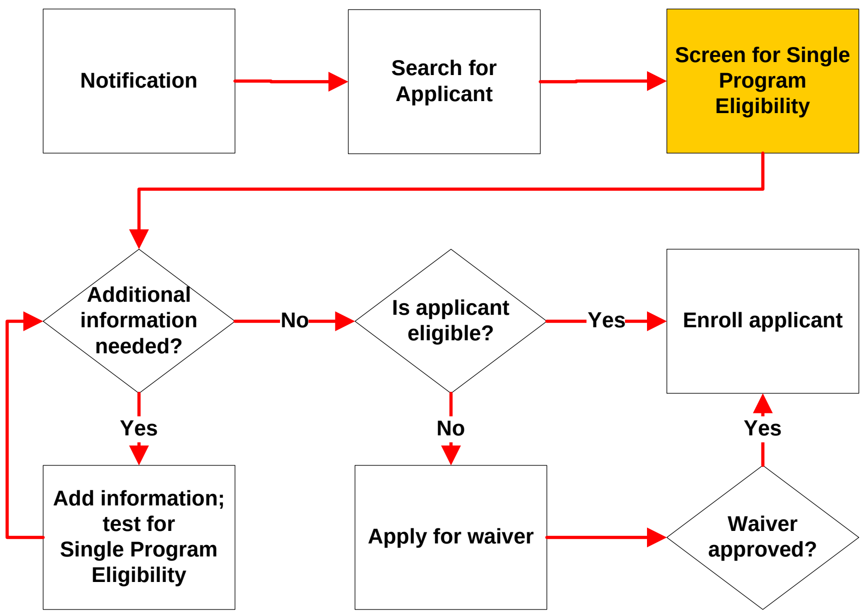
Module 7: Enrolling an Applicant into a Program

Eligibility Overview

Before enrolling, the applicant must be determined eligible for the selected program.

During this process, ESM compares the applicant's data to the eligibility rules of the program and makes a determination.

Currently, you must use the Single Program Eligibility feature to screen for one program at a time. In future releases, a feature will be added that allows providers to screen for multiple programs at once.



The Eligibility Assessment

The eligibility assessment asks additional questions that are program-specific. You must complete the assessment before an eligibility determination can be made. If the assessment is incomplete, the system will require you to return to the initial assessment page to start from the beginning.

The questions that appear on a page are dynamic per applicant based on program requirements. Only pertinent questions based on applicant data will appear.

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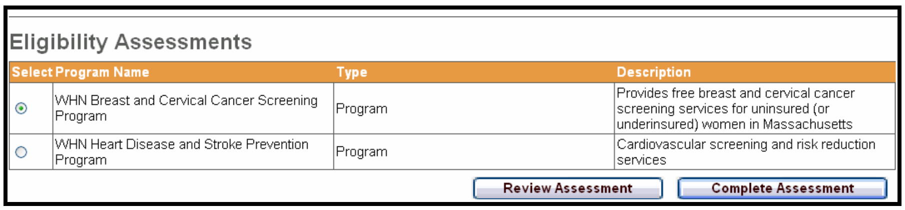
Completing an Eligibility Assessment

To complete an Eligibility Assessment:

1. Access the applicant's **Face Sheet**.
2. Select **Eligibility Assessment** from the navigation bar.
3. Select Program Name.
4. Click Complete Assessment.

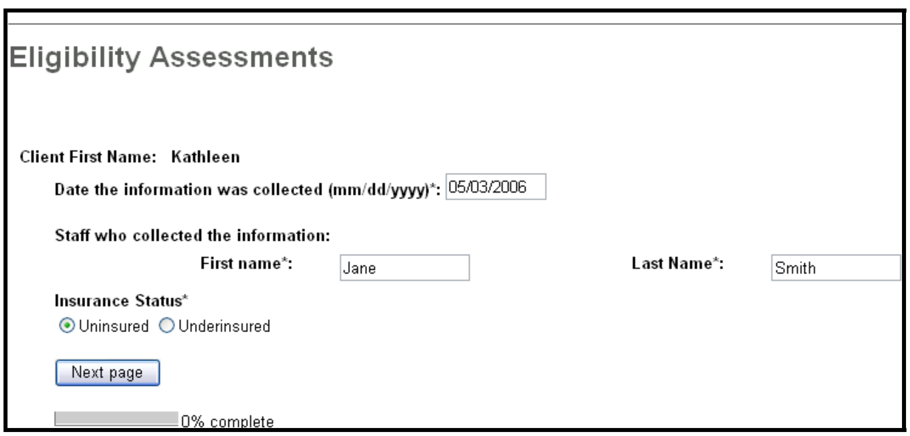


Eligibility Assessments

Select	Program Name	Type	Description
⦿	WHN Breast and Cervical Cancer Screening Program	Program	Provides free breast and cervical cancer screening services for uninsured (or underinsured) women in Massachusetts
○	WHN Heart Disease and Stroke Prevention Program	Program	Cardiovascular screening and risk reduction services

Review Assessment | Complete Assessment

Program specific questions appear.



Note: You should back date according to program policy.

5. Enter required field information.
6. Next page.

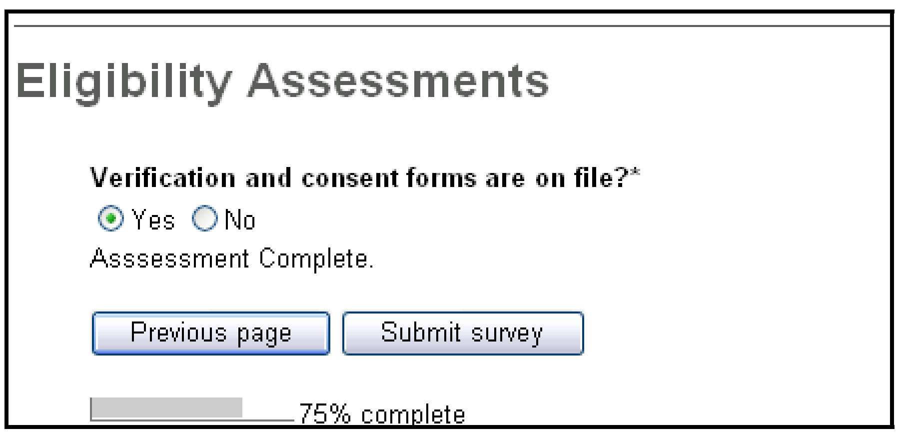
Additional Eligibility Assessment question appears.

Tip: The progress bar highlighted above indicates how much of the assessment has been completed.

7. Select one or more check boxes.

8. Next page.

Additional Eligibility Assessment question appears.



9. Select **Yes** or **No**.

The Assessment is complete.

Note: Consents with wet signatures are still needed.

10. Click Submit survey.

The Eligibility Assessment page appears with a message, "The Assessment has been completed successfully!"

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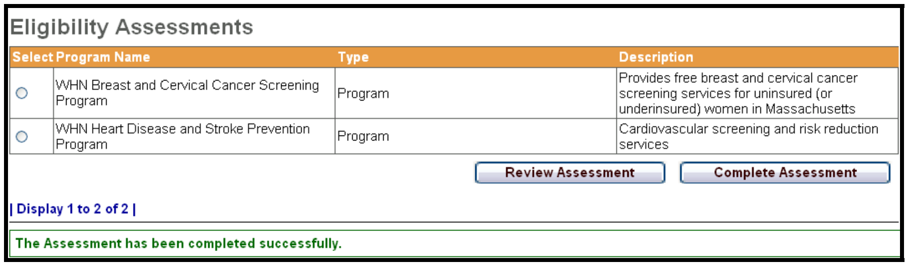

Eligibility Assessments

Select	Program Name	Type	Description
○	WHN Breast and Cervical Cancer Screening Program	Program	Provides free breast and cervical cancer screening services for uninsured (or underinsured) women in Massachusetts
○	WHN Heart Disease and Stroke Prevention Program	Program	Cardiovascular screening and risk reduction services

Review Assessment | Complete Assessment

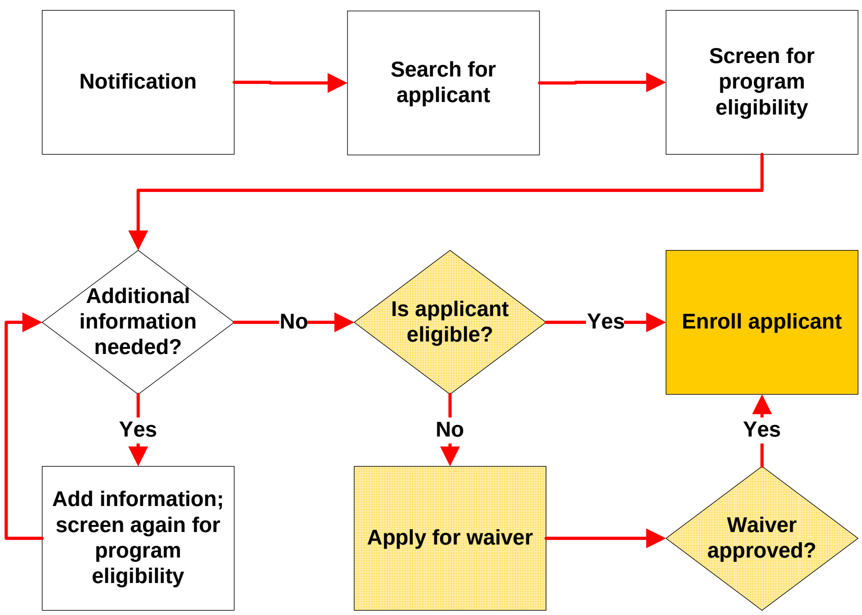
| Display 1 to 2 of 2 |

The Assessment has been completed successfully.

Note: The assessment is required and eligibility cannot be determined without it.

Applicant Enrollment Overview

An applicant can be enrolled once he or she is determined eligible or when a waiver is approved.



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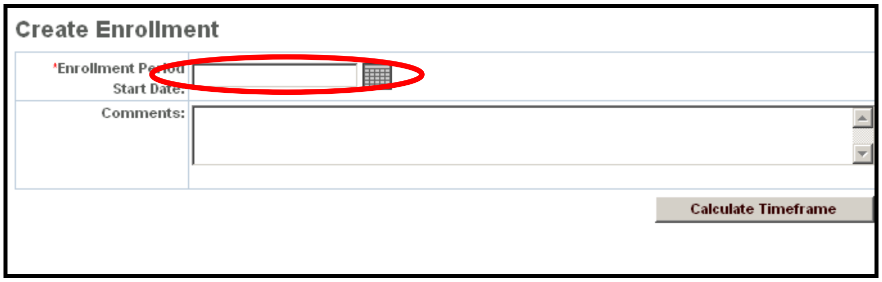
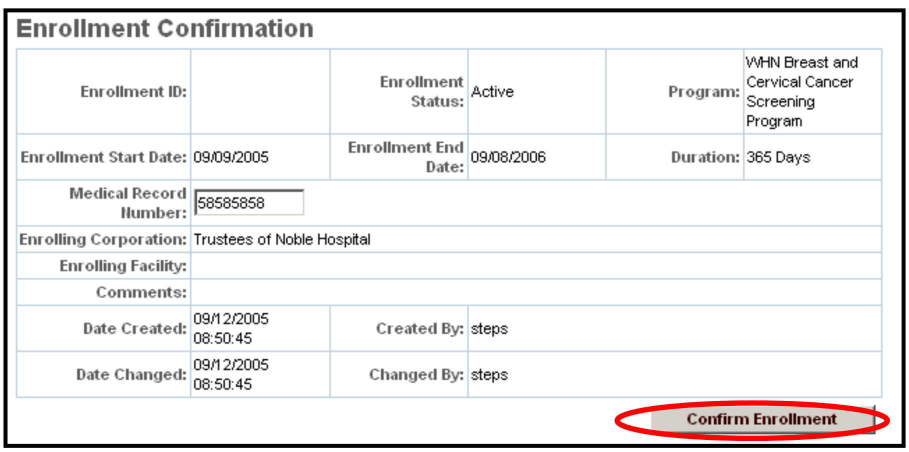
Adding an Enrollment from the Single Program Eligibility Page

The applicant must be screened through the Single Program Eligibility process before he or she can be enrolled.

1. Access the **Single Program Eligibility** page and determine eligibility.
2. Click Create Enrollment.
   The Create Enrollment block appears.



3. Enter **Enrollment Period Start Date**. This date must be within the last 60 days.
4. Click Calculate Timeframe.
   *The **Enrollment Confirmation** block appears.*



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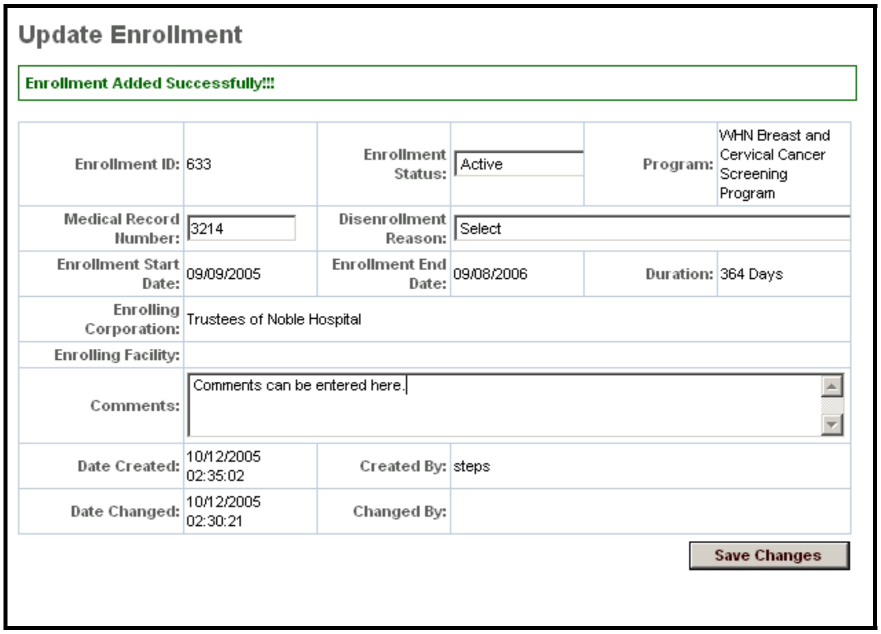
Adding an Enrollment from the Single Program Eligibility Page *continued*

5. Enter a medical record number (optional) and click Confirm Enrollment.

A confirmation screen appears.


Update Enrollment

Enrollment Added Successfully!!!

Enrollment ID:	633	Enrollment Status:	Active	Program:	WHN Breast and Cervical Cancer Screening Program
Medical Record Number:	3214	Disenrollment Reason:	Select		
Enrollment Start Date:	09/09/2005	Enrollment End Date:	09/08/2006	Duration:	364 Days
Enrolling Corporation:	Trustees of Noble Hospital				
Enrolling Facility:					
Comments:	Comments can be entered here.				
Date Created:	10/12/2005 02:35:02	Created By:	steps		
Date Changed:	10/12/2005 02:30:21	Changed By:			

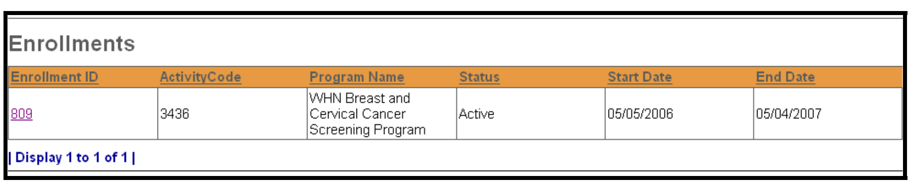
Save Changes

Optional: add comments and click Save Changes.

Accessing the Enrollments Page

To view enrollments:

1. Access the **Face Sheet** page.
2. Click the Enrollments link in the navigation bar.
   *The **Enrollments** page appears.*


Enrollments

Enrollment ID	ActivityCode	Program Name	Status	Start Date	End Date
809	3436	WHN Breast and Cervical Cancer Screening Program	Active	05/05/2006	05/04/2007

| Display 1 to 1 of 1 |

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The Enrollment Assessment

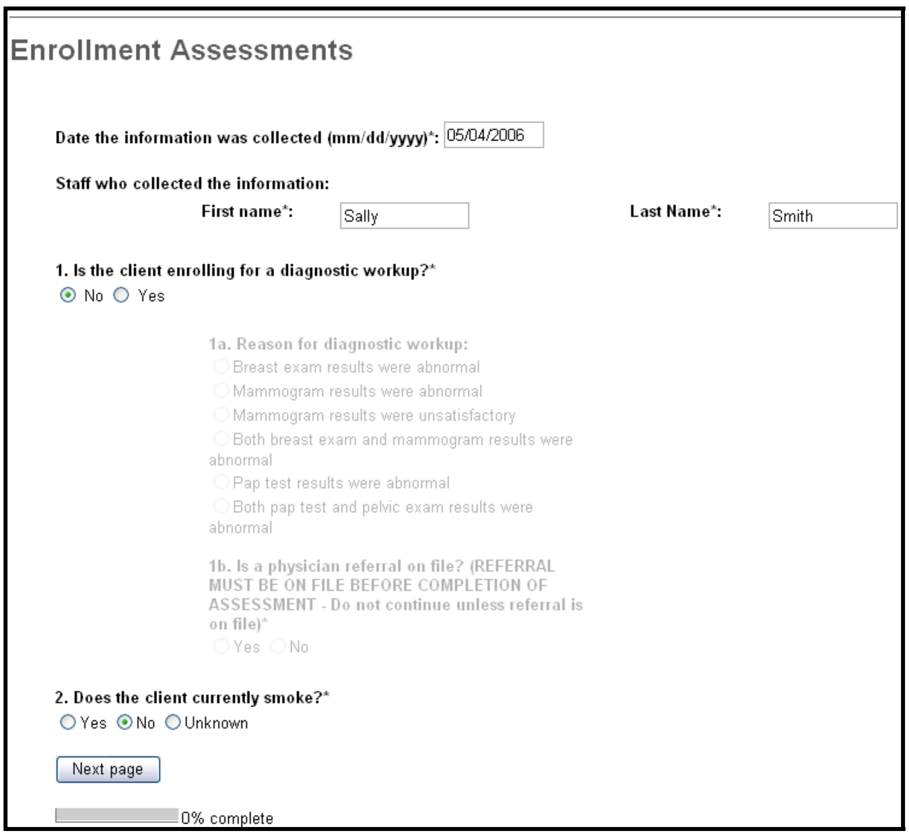
The enrollment assessment asks additional questions that are applicant-specific. You must complete the assessment to complete the enrollment process. If the assessment is incomplete, the system will require you to return to the initial assessment page to start from the beginning.

Completing an Enrollment Assessment

To complete an enrollment assessment:

1. From the **Update Enrollment page**, select **Enrollment Assessment** in the navigation bar.

*The **Enrollment Assessment** page appears.*


Enrollment Assessments

Date the information was collected (mm/dd/yyyy)*: 05/04/2006

Staff who collected the information:
First name*: Sally
Last Name*: Smith

1. Is the client enrolling for a diagnostic workup?*
No Yes

1a. Reason for diagnostic workup:
Breast exam results were abnormal
Mammogram results were abnormal
Mammogram results were unsatisfactory
Both breast exam and mammogram results were abnormal
Pap test results were abnormal
Both pap test and pelvic exam results were abnormal

1b. Is a physician referral on file? (REFERRAL MUST BE ON FILE BEFORE COMPLETION OF ASSESSMENT - Do not continue unless referral is on file)*
Yes No

2. Does the client currently smoke?*
Yes No Unknown

Next page

0% complete

2. Enter required field information.
3. Click Next page.

Additional enrollment assessment questions appear.

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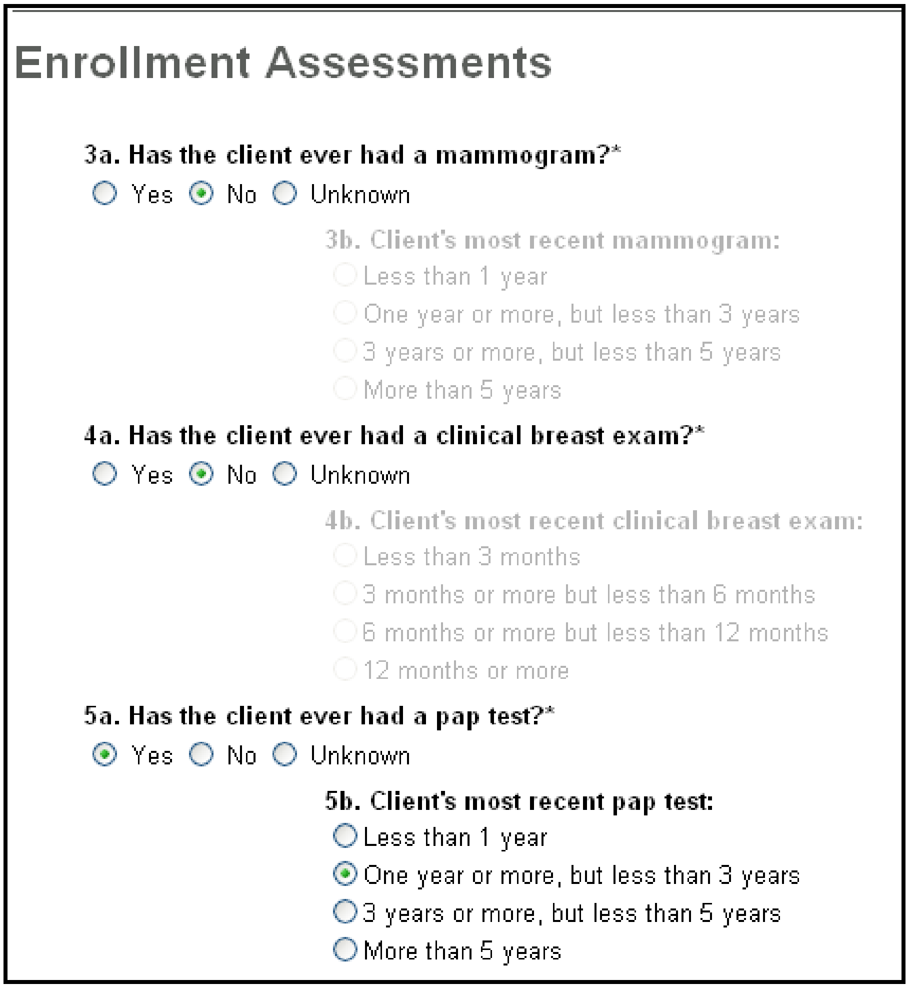
Completing an Enrollment Assessment *continued*



Enrollment Assessments

3a. Has the client ever had a mammogram?*

Yes / No (selected) / Unknown

3b. Client's most recent mammogram:
- Less than 1 year
- One year or more, but less than 3 years
- 3 years or more, but less than 5 years
- More than 5 years

4a. Has the client ever had a clinical breast exam?*

Yes / No (selected) / Unknown

4b. Client's most recent clinical breast exam:
- Less than 3 months
- 3 months or more but less than 6 months
- 6 months or more but less than 12 months
- 12 months or more

5a. Has the client ever had a pap test?*

Yes (selected) / No / Unknown

5b. Client's most recent pap test:
- Less than 1 year
- One year or more, but less than 3 years (selected)
- 3 years or more, but less than 5 years
- More than 5 years

4. Enter required field information.

The enrollment assessment is complete.

5. Click Submit survey.

The Enrollment Assessment page appears with a message, "The assessment has been completed successfully."

Enrollment Assessments

The assessment has been completed successfully.

Note: After the enrollment process is completed, the applicant now becomes a client.

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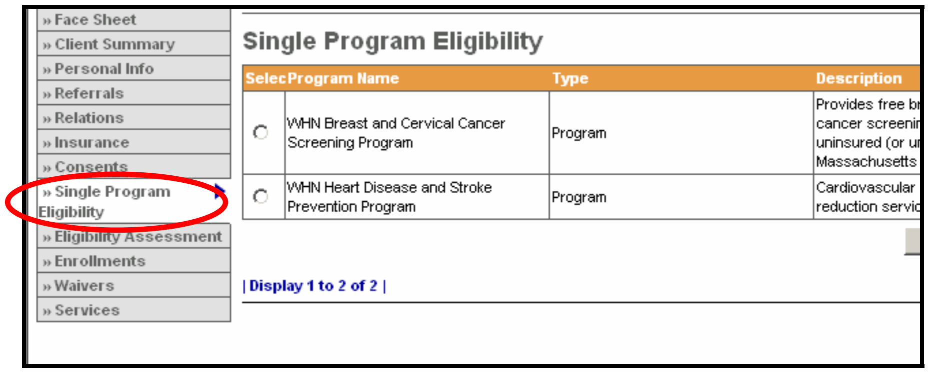
Single Program Eligibility Creates the Enrollment

To access the **Single Program Eligibility** page:

1. Access the applicant's **Face Sheet**.
2. Click the Single Program Eligibility link in the navigation bar.
   *The **Single Program Eligibility** page appears.*



Note: This is how you determine enrollment.

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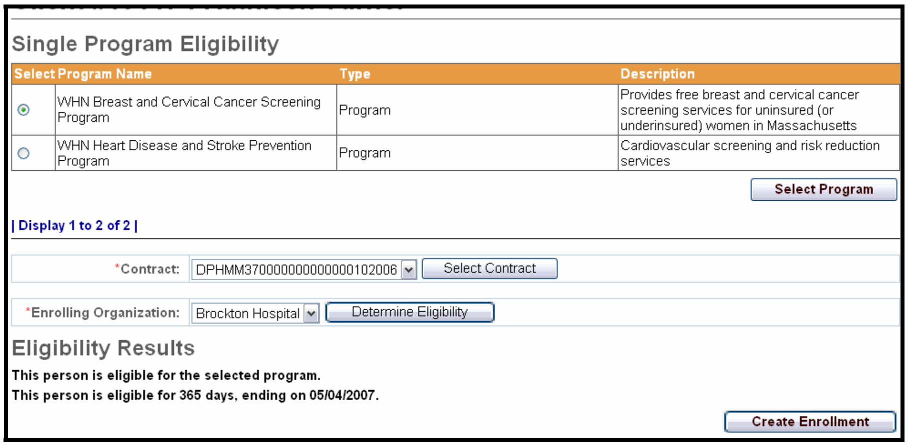
Screening for Eligibility

In this form, you select a program, contract, and enrolling organization; the system then determines eligibility.

After you select each item, you must click the corresponding action button (i.e. select program, select contract). The pick lists are populated according to previous selections. (i.e. the contracts available are determined by the program selected).



Single Program Eligibility

Select	Program Name	Type	Description
◉	WHN Breast and Cervical Cancer Screening Program	Program	Provides free breast and cervical cancer screening services for uninsured (or underinsured) women in Massachusetts
○	WHN Heart Disease and Stroke Prevention Program	Program	Cardiovascular screening and risk reduction services

Select Program

| Display 1 to 2 of 2 |

*Contract: DPHMM370000000000000102006 Select Contract

*Enrolling Organization: Brockton Hospital Determine Eligibility

Eligibility Results

This person is eligible for the selected program.

This person is eligible for 365 days, ending on 05/04/2007.

Create Enrollment

To determine eligibility for a client:

1. Select a program.
2. Click 

3. Select a contract.
4. Click 

5. Select an enrolling organization.

   Click 

The eligibility results appear at bottom of page as determined by program.

Note: There is usually only one contract. If there are more, consult your organization's contract manager to determine which to use. Verify the contract selected is appropriate for services delivery.

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Results of Eligibility Screening

There are three possible results of eligibility screening:

- The applicant is determined to be eligible. Click **Create Enrollment** to enroll the applicant.
- IF the applicant is determined to be ineligible. A message appears stating the reason for ineligibility. You may click **Request Waiver** to apply for a waiver. See *Requesting a Waiver* module for detailed information on waivers.
- Additional information is needed to make a determination.

Eligibility Results

More intake information is needed to determine eligibility for this person in the selected program. The following information is required:

Add Insurance   Add Cultural Background   Add Household Characteristics

- In this case, the system provides links to forms where information can be entered. See *Adding and Editing Application Information* module for more details. Take note if multiple links appear for eligibility results. Once, you have selected one of these links this page will not reappear. Use the left navigation bar to assess the pages needed to complete missing information that is required.

Note: At this time, waivers are only granted for men at risk for breast cancer with a documented clinical referral.

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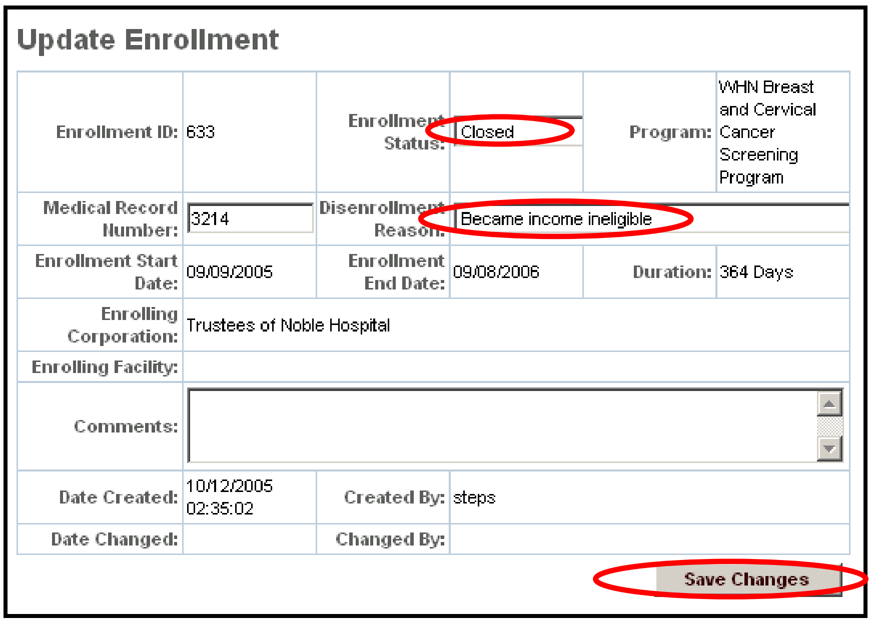
Disenrolling a Client

A client is automatically enrolled for a year. During that year, however, the client may drop the program or become ineligible due to changes in income, insurance, etc. When that happens, the enrollment should be closed.

To close an enrollment:

1. Access the **Enrollments** page.
2. Click the link for the enrollment you wish to close.
   *The **Update Enrollment** page appears.*



Update Enrollment

Enrollment ID:	633	Enrollment Status:	Closed	Program:	WHN Breast and Cervical Cancer Screening Program
Medical Record Number:	3214	Disenrollment Reason:	Became income ineligible		
Enrollment Start Date:	09/09/2005	Enrollment End Date:	09/08/2006	Duration:	364 Days
Enrolling Corporation:	Trustees of Noble Hospital				
Enrolling Facility:					
Comments:					
Date Created:	10/12/2005 02:35:02	Created By:	steps		
Date Changed:		Changed By:			

Save Changes

3. Edit the necessary information.
   - Mark enrollment status closed.
   - Select reason for disenrollment.
   - Optional: enter comments.
4. Click Save Changes.
   *The **Update Enrollment** page appears.*

What if the Contract is Exhausted?

There is no waitlist feature in this release of *EIM/ESM*, nor does the system notify a user of contract exhaustion.

The organization's contract managers are responsible for informing intake and enrollment staff when a contract is exhausted and for making arrangements to amend the contract or have applicant enroll elsewhere.

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Module 8: Adding Services

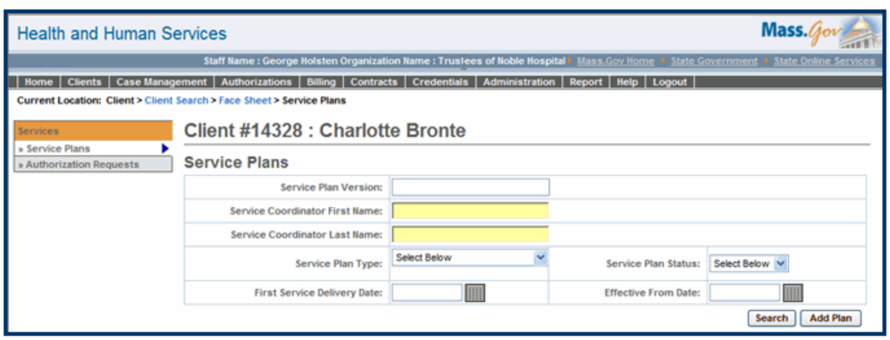
To record services, users must be in a specific service plan for a specific client. To begin recording services, a client's service plan must first be found or created, if one does not exist.

Note: All service entered will be professional services.

Adding Service Plans

To add a service plan:

1. Access the **Clients** page.
   *The **Client Search** page appears.*
2. Enter search criteria.
3. Click **[Search]**.
   The Search Results appear below the search criteria.
4. Click the Client link.
   *The **Face Sheet** page appears.*
5. Click **Service Plans** on the navigation bar.
   *The **Service Plans** page appears.*



6. Click Add Plan.

*The **Add Service Plan** page appears.*

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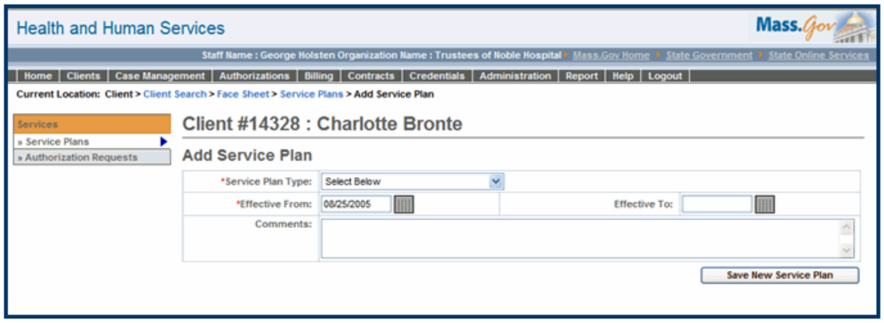

Note: Search from this page to determine whether a service plans exists for the client.

7. Enter plan details, making sure to populate all required fields.

   Note: The **Effective From** and **Effective To** are date fields are very important. The system verifies that all tasks, services or notes associated with the service plan fall within the effective dates.

   Note: The system does not allow two active service plans of the same type to exist for an individual client.

8. Click **Save New Service Plan**.
   The ***Service Plan Summary*** *page appears.*

   Tip: If a plan was created in error, it can be deleted from this page (assuming all plan contents have been deleted or have an Error status).

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Service Delivery Data Tips: ACRU

There are several key activities that typically comprise entering service records:

1. **A**dd professional service
2. **C**omplete appropriate assessment, as required
3. **R**eport results, as required
4. **U**pdate service status
5. Add final diagnosis, as needed

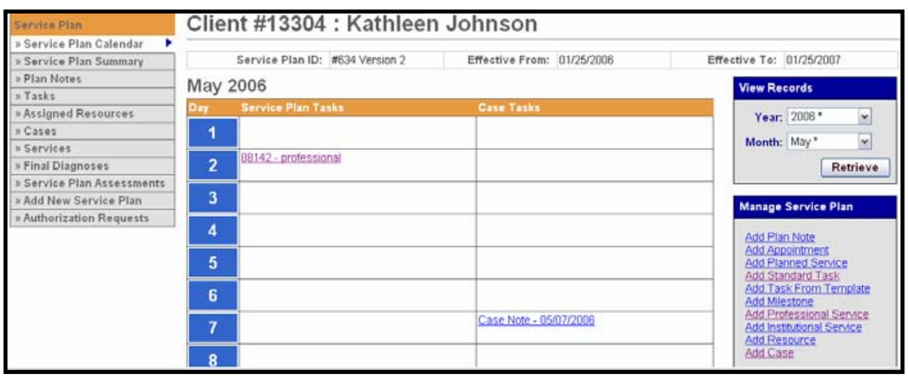
A service plan is now prepared to be billed.

Note: Not all professional services will require screening assessments, results, and/or final diagnoses.

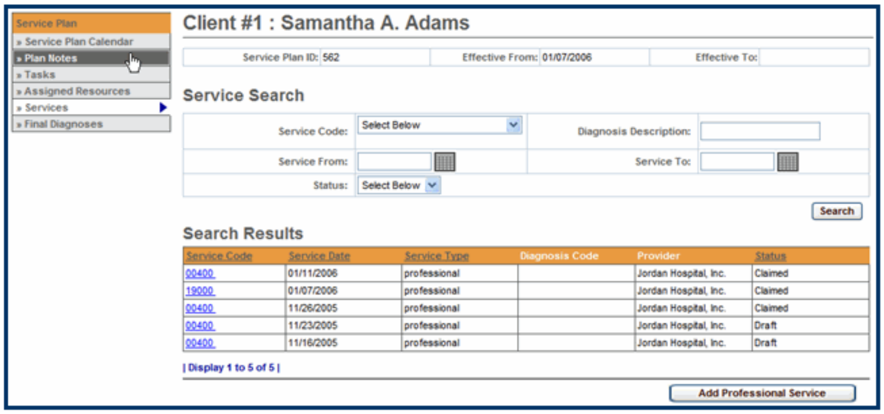
Adding Professional Services

To add a professional service:

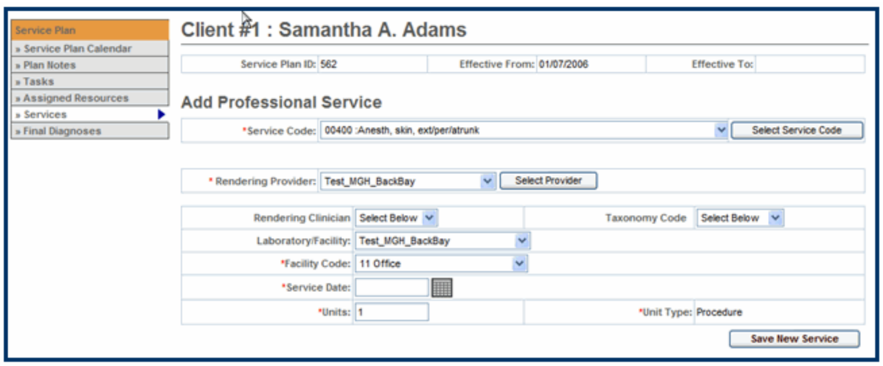
1. Access the **Service Plan Summary** page.
2. Click **Service Plan Calendar** on the navigation bar.
   *The **Service Plan Calendar** page appears.*



3. Click **Services** on the navigation bar.
   *The **Service Search** page appears.*



4. Click **Add Professional Service**.
   The ***Add Professional Service*** *page appears.*



Tip: The Add Professional Service link may also be accessed from the **Service Plan Calendar** view.

5. Select a **Service Code**.
   Tip: If you know the service code, press the Esc key then type the service code in pick list field.

   Additional data entry fields appear.

6. Select a **Rendering Provider**.
   Additional data fields appear.

7. Enter service details, making sure to populate all required fields.

8. Click **Save New Service**.
   The ***Update Professional Service*** *page appears with a message stating that the record has been successfully saved.*

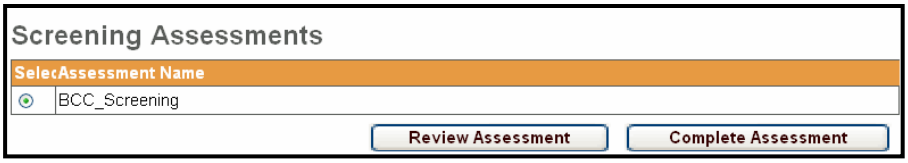
Completing a Screening Assessment

A Screening Assessment may be completed in conjunction with adding a Professional Service. If the assessment is incomplete, the system will require you to return to the initial assessment page to start from the beginning.

To complete a screening assessment:

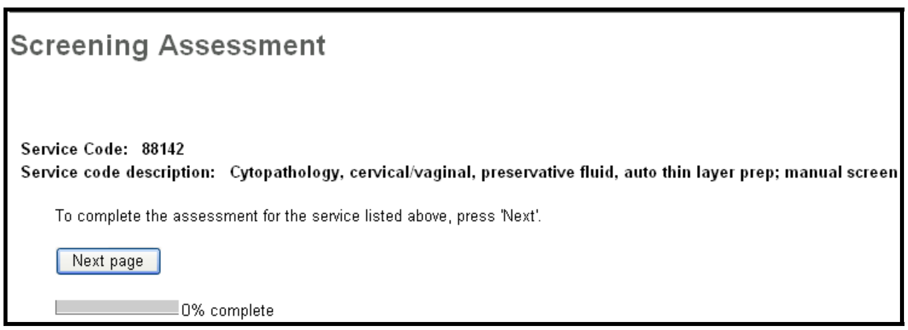
1. Access the **Service Summary** page.
2. Select **Screening Assessment** in the navigation bar.

*The **Screening Assessment** page appears.*



3. Select Assessment Name.
4. Click Complete Assessment.

*An additional **Screening Assessment** page appears.*



5. Click Next page.

*A **Screening Assessment** page appears stating the assessment is complete.*

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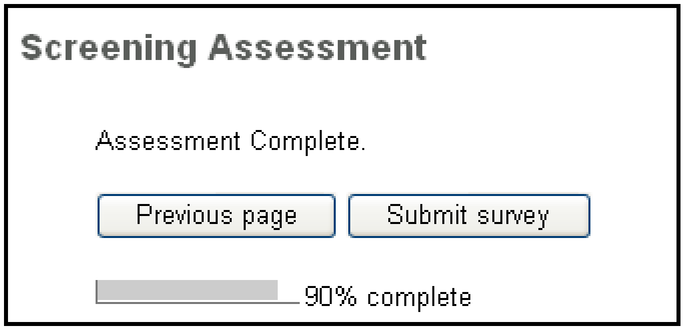
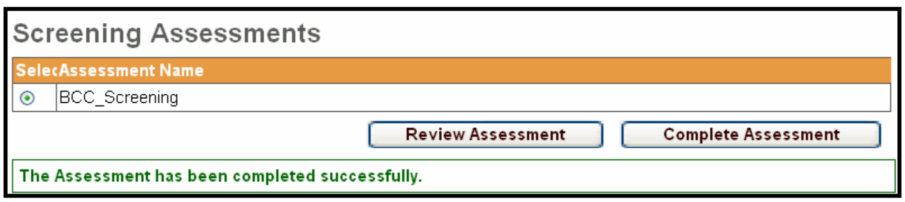


6. Click Submit survey.

*The **Assessments** page appears with a message, “the assessment as been completed successfully”.*



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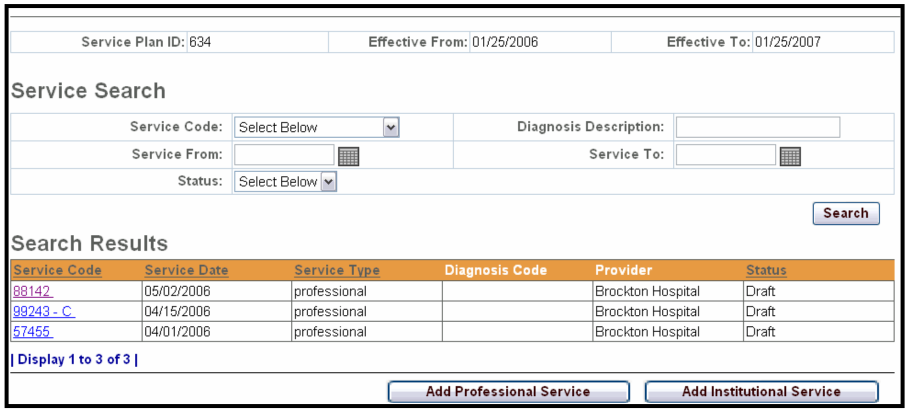
Recording Service Results

Users can associate service results with certain services provided to clients.

To record service results:

1. Access the **Services** page.

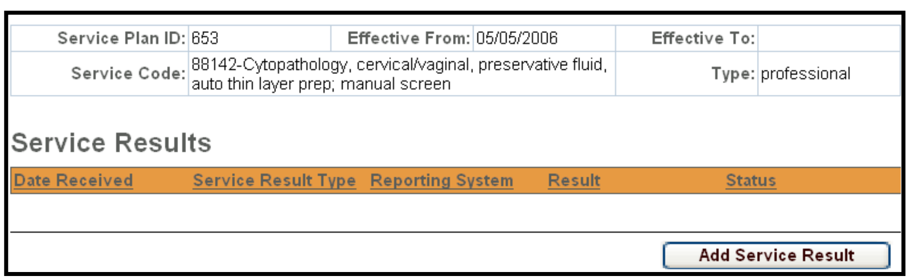


2. Select a Service Code link from the search results.

*The **Service Summary** page appears.*

3. Click **Service Results** on the navigation bar.

*The **Service Results** page appears.*



4. Click **Add Service Result**.

*The **Add Service Result** page appears.*

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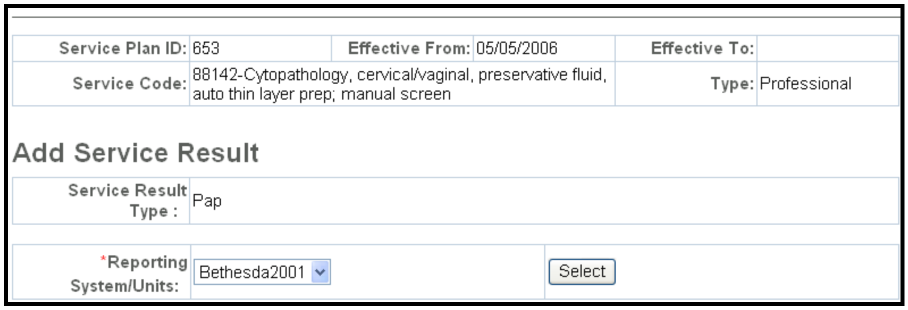
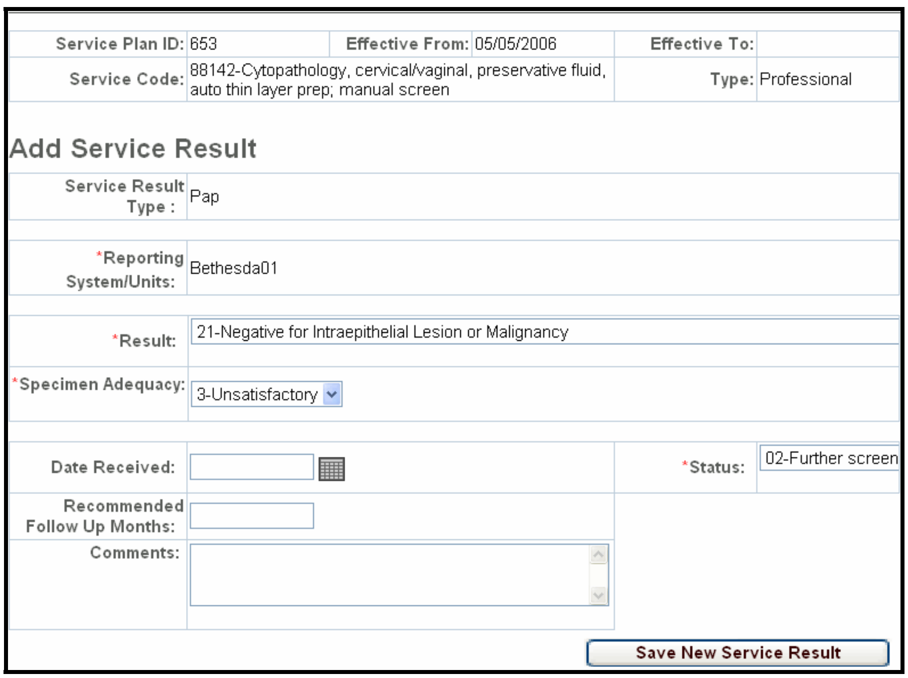
Recording Service Results *continued*



5. Select **Reporting System/Units**
6. Click Select.

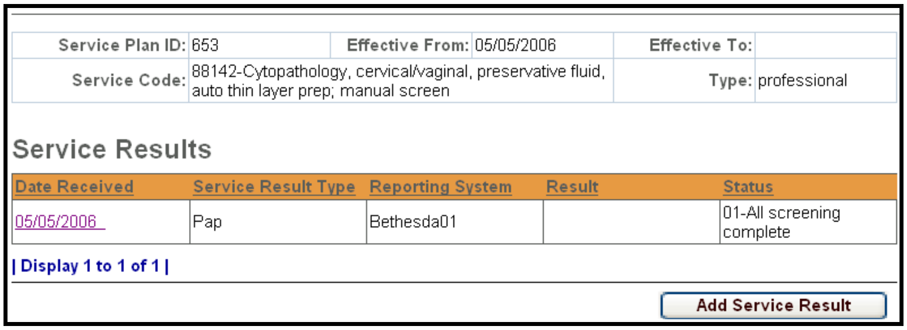
*The **Add Service Result** page appears.*



7. Enter service result details, populate all required fields.
8. Click Save New Service Result.

*The **Service Results** page appears displaying the new entry.*

Recording Service Results *continued*

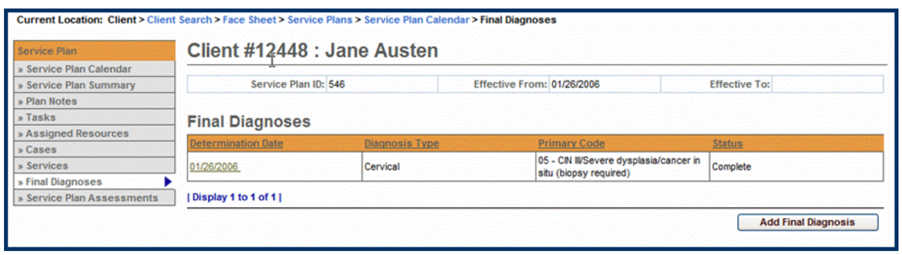


Completing a Final Diagnostic Assessment

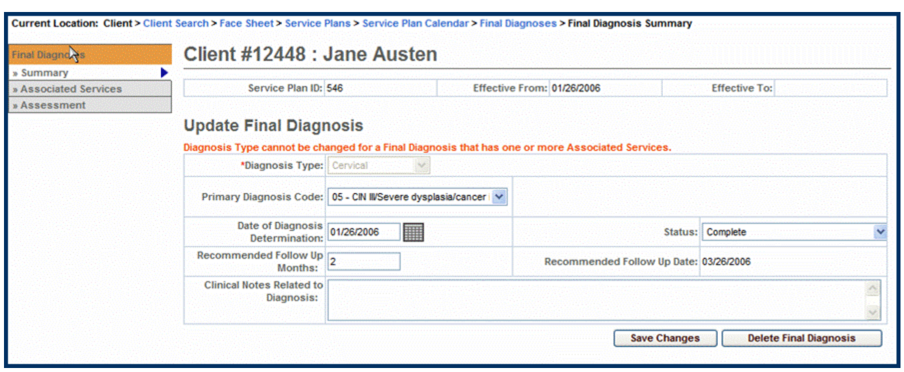
At the close of a diagnostic work-up, a Final Diagnosis Assessment needs to be completed when appropriate.

To complete a final diagnostic assessment:

1. Access the **Add Associated Service** page.
2. Click **Final Diagnosis** on the navigation bar.
   *The **Final Diagnosis** page appears.*



3. Click the Determination Date link.
   *The **Update Final Diagnosis** page appears.*



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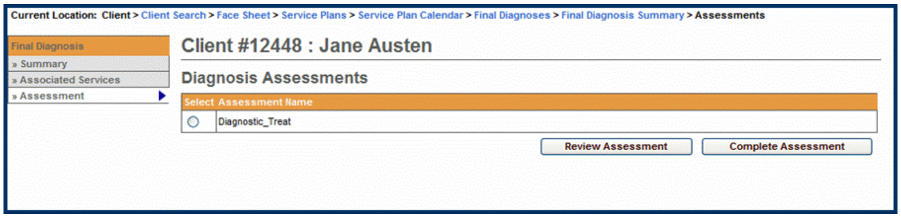
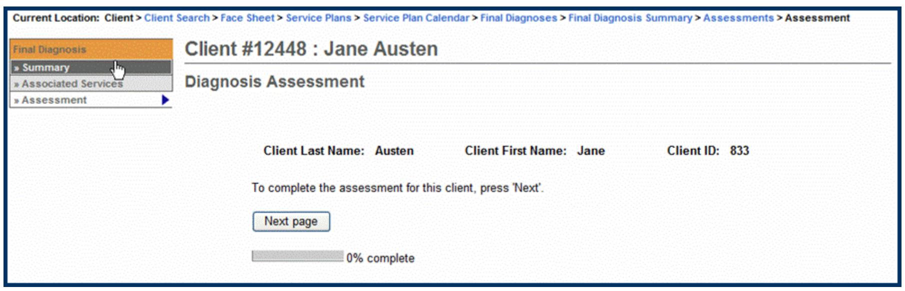
4. Click **Assessment** on the navigation bar.
   *The **Diagnosis Assessments** page appears.*

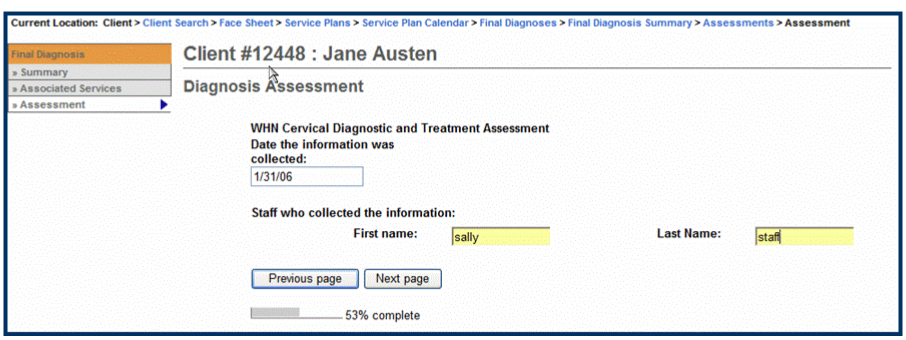


5. Click **[Complete Assessment]**.
   *The **Diagnosis Assessment** page appears and the diagnosis assessment begins.*



Tip: Notice the **% Complete** bar at the bottom of the page. Once started, work must be completed. A partially completed assessment cannot be saved.

6. Click **[Next Page]**.
   *The **Diagnosis Assessment** is continued.*

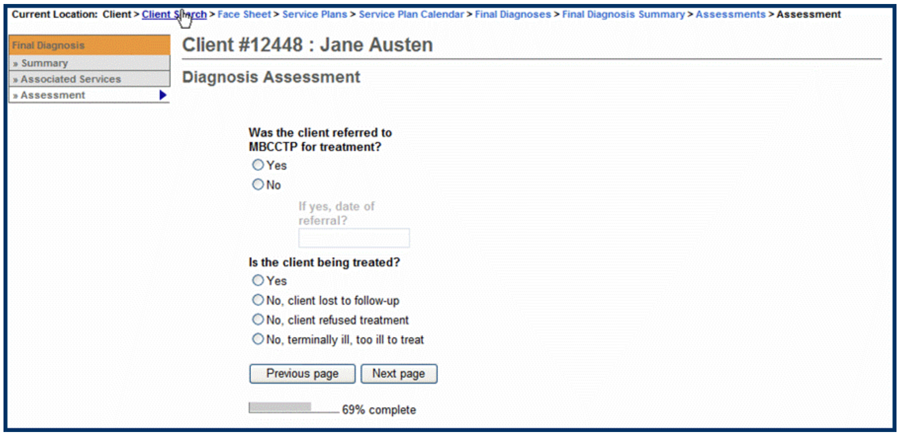


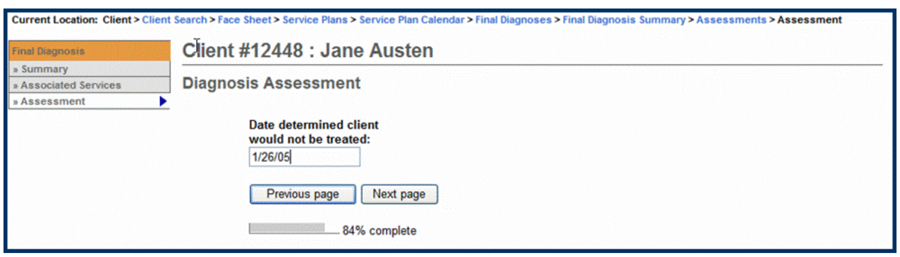
7. Enter information in the **Date the information was collected** and the **Staff who collected the information** fields.

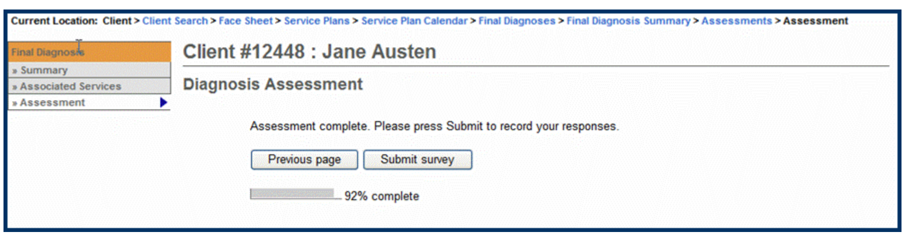
A series of pages appear for completion. The pages that appear depend on the values entered on previous pages.

The following example shows one possible series of pages that may appear.

Sample ***Diagnosis Assessment*** *pages.*







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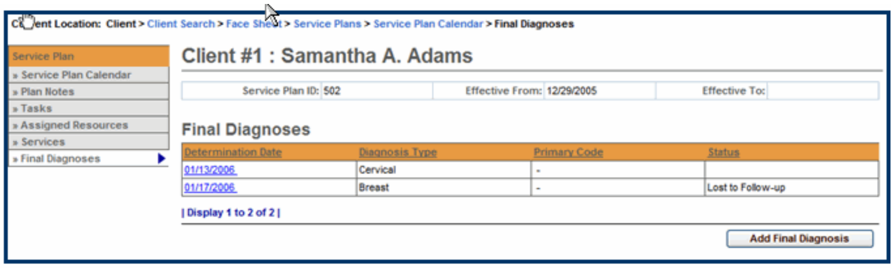
8. Enter information to complete the questions regarding the client's particular circumstances.
9. Click **[Submit survey]**.
   *The **Diagnosis Assessments** page appears with the message, "The Assessment has been completed successfully."*

Adding a Final Diagnosis

Users may also maintain final diagnosis details for a client.

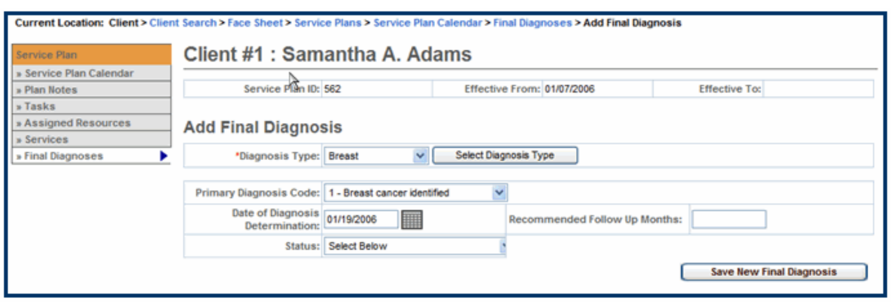
To add a final diagnosis:

1. Access the **Service Results** page.
2. Click the Services link in the breadcrumbs.
3. Click **Final Diagnosis** on the navigation bar.
   *The **Final Diagnosis** page appears.*



Note: Diagnostic services that are recorded without an associated final diagnosis appear on audit reports. Such diagnostic services appear open to the CDC. Completion of final diagnosis information is critical.

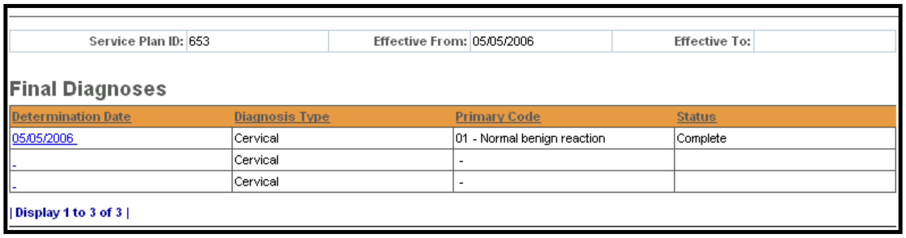
4. Click **[Add Final Diagnosis]**.
   *The **Add Final Diagnosis** page appears.*



5. Select a **Diagnosis Type**.

---

6. Complete the optional fields, as desired.
7. Click **Save New Final Diagnosis**.
   *The **Final Diagnosis** page appears.*



Service Plan ID: 653	Effective From: 05/05/2006	Effective To:

Final Diagnoses

Determination Date	Diagnosis Type	Primary Code	Status
05/05/2006	Cervical	01 - Normal benign reaction	Complete
-	Cervical	-	
-	Cervical	-	

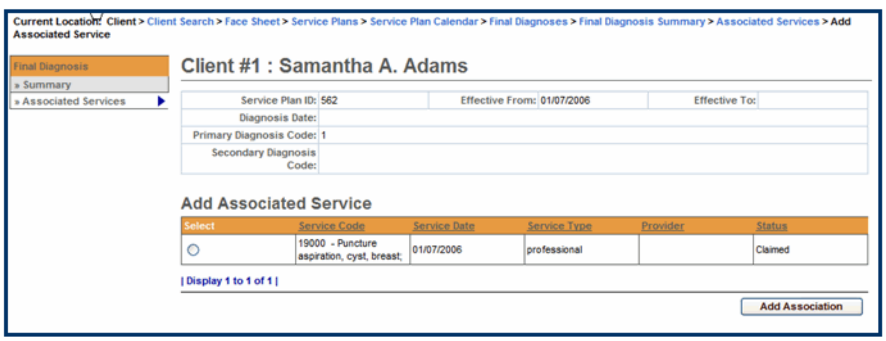
| Display 1 to 3 of 3 |

Associating Services to a Final Diagnosis

Users are required to associate service(s) to a Final Diagnosis.

To associate service to a final diagnosis:

1. Access the **Final Diagnosis** page.
2. Click the Determination Date link.
3. Click **Associated Services** on the navigation bar.
   *The **Associated Service** page appears.*
4. Click **Add Associated Service**.
   *The **Add Associated Service** page appears*.



Current Location: Client > Client Search > Face Sheet > Service Plans > Service Plan Calendar > Final Diagnoses > Final Diagnosis Summary > Associated Services > Add Associated Service

Final Diagnosis
» Summary
» Associated Services

Client #1 : Samantha A. Adams

Service Plan ID: 562	Effective From: 01/07/2006	Effective To:
Diagnosis Date:		
Primary Diagnosis Code: 1		
Secondary Diagnosis Code:		

Add Associated Service

Select	Service Code	Service Date	Service Type	Provider	Status
○	19000 - Puncture aspiration, cyst, breast;	01/07/2006	professional		Claimed

| Display 1 to 1 of 1 |

Add Association

Tip: The **Add Associated Service** page appears a listing of all services that the client has received.

5. Select a **Service Code**.
6. Click **[Add Association]**.
   *The **Add Associated Service** page appears with the new entry*.

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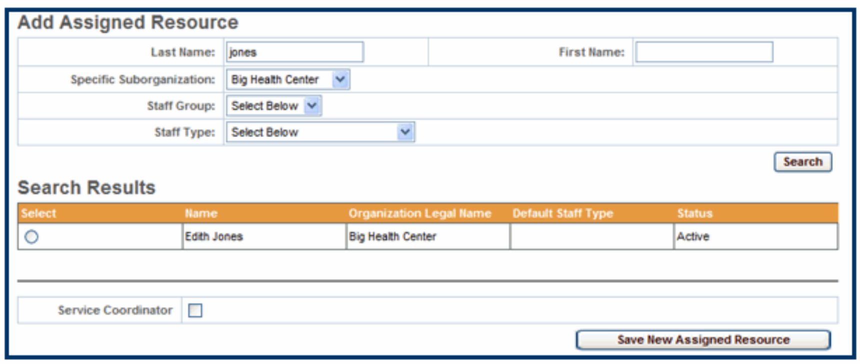
Module 9: Managing Service Plans

Managing Service Plans: Assigned Resources

Authorized users can maintain resources for a client's service plan. The resources assigned to the client's cycle of care can then be referenced as part of a particular task, appointment or scheduled procedure.

To add an assigned resource:

1. Access the **Service Plan Calendar** page.
2. Click **Assigned Resources** on the navigation bar.
   *The **Assigned Resources** page appears.*
3. Click Add Resource link.
   *The **Add Assigned Resource** page appears*.



   Note: A resource search may be conducted based on the resource's last name, specific sub-organization, and staff group or staff type.
4. Select the desired resource in the **Search Results**.
5. Select the **Service Coordinator** check box to identify the resource as a Service Coordinator, if desired.
6. Click **Save New Assigned Resource**.
   *The **Assigned Resources** page appears with the new resource.*

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Module 10: Working with Case Management

Authorized users can maintain resources for a client's case management. The resources assigned to the client's cycle of care can then be referenced as part of a particular task, appointment or scheduled procedure.

This is based on program requirements that abnormal results require case management.

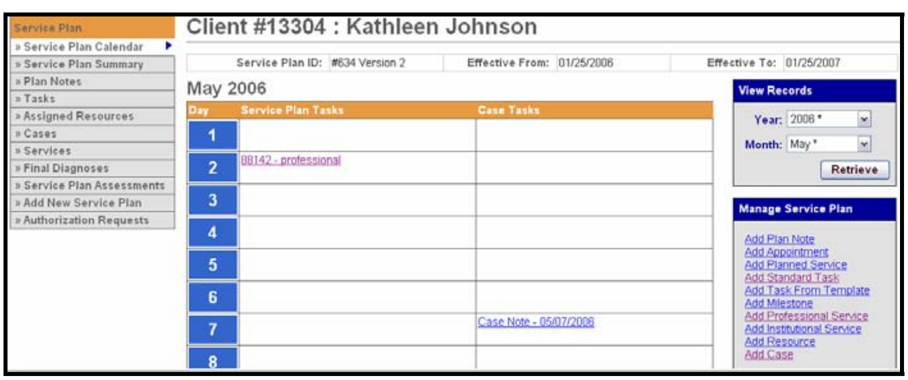
Once a case is entered, you can insert case notes as well as schedule out tasks associated with the management of each case.

Case management consolidates the collection and access to real-time client-level data sharing across all authorized staff involved in patient care.

Use case management to:

- Add a case
- Add a case note
- Add a task:
    - Add appointment
    - Add planned service
    - Add template
    - Add Milestone

Tip: You can access this functionality using the left navigation bar and selecting **Cases** or from the **Manage Service Plan** navigation box located on the **Service Plan Calendar** page.



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Adding a Case

To add a case:

1. Access the **Service Plan Calendar**.
2. Select **Cases** on the navigation bar.

*The **Cases** page appears.*

3. Click add case link.

*The **Add Case** page appears.*

4. Enter required information.
5. Click Save New Case.

*The **Case Summary** page appears with the case added successfully.*

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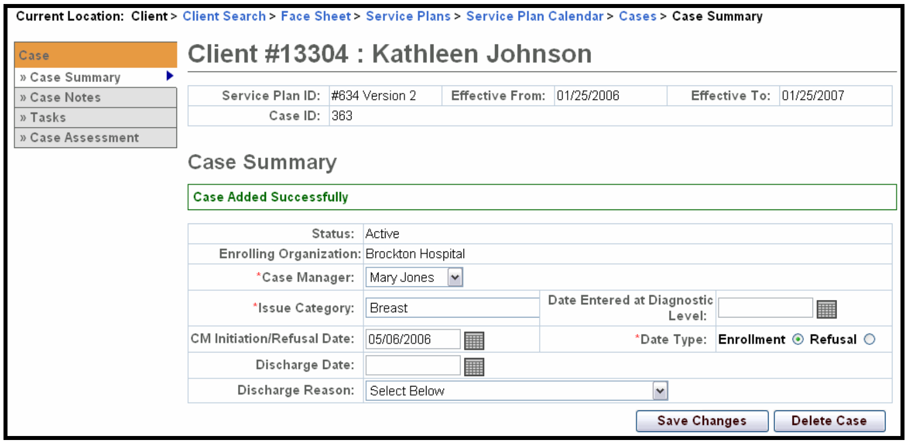
Adding a Case
continued



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Adding Case Notes

To add a case note:

1. Access the **Case Summary** page.
2. Select **Case Notes** from the navigation box.

*The **Case Notes** page appears.*

3. Click add case note link.

*The **Add Case Note** page appears.*

4. Type or paste information in textbox.
5. Click Save New Case Note.

*The **Case Notes** page appears with the note record displayed.*

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Add a Task

To add a task:

1. Access the **Case Summary** page.

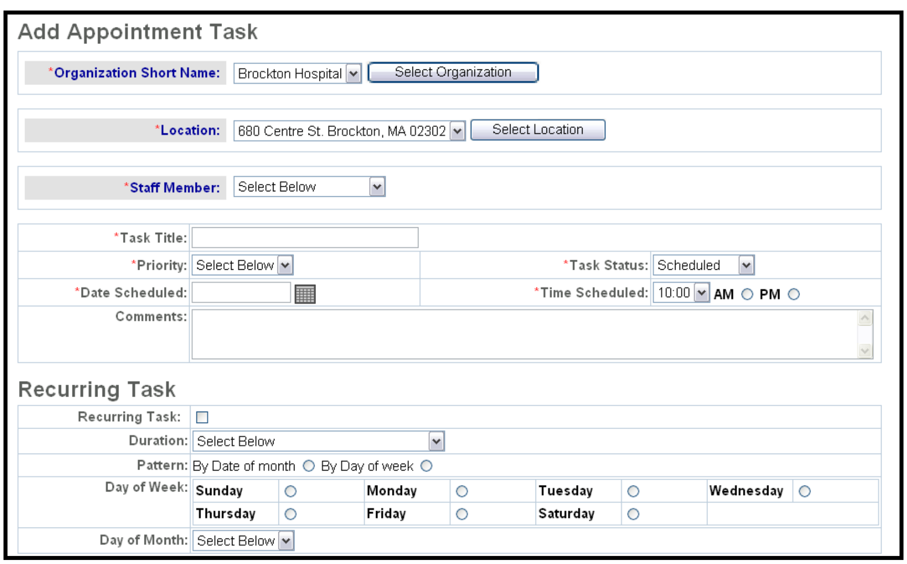
*The **Tasks** page appears.*

2. Select a task.

*The appropriate **Add Task** page appears.*

To add appointment task:

3. Select **organization short name**.
4. Click Select Organization.



The page reappears with additional fields.

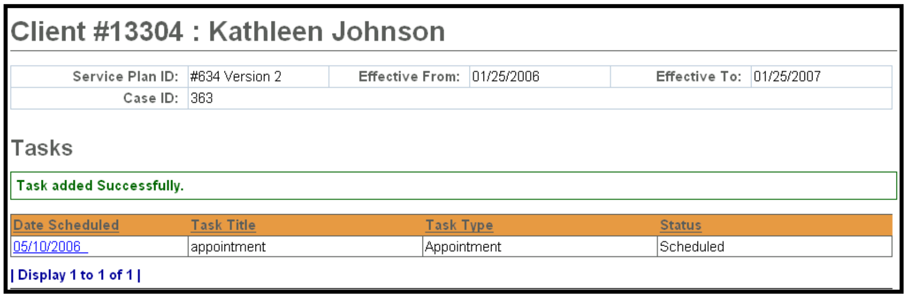
Add a Task
continued

5. Enter information for required fields.

Tip: If the task is ongoing, use the recurring task fields to document this information,

6. Click **Save New Task**.

*The **Task** page appears with the task added successfully.*



Client #13304 : Kathleen Johnson

Service Plan ID:	#634 Version 2	Effective From:	01/25/2006	Effective To:	01/25/2007
Case ID:	363				

Tasks

Task added Successfully.

Date Scheduled	Task Title	Task Type	Status
05/10/2006	appointment	Appointment	Scheduled

| Display 1 to 1 of 1 |

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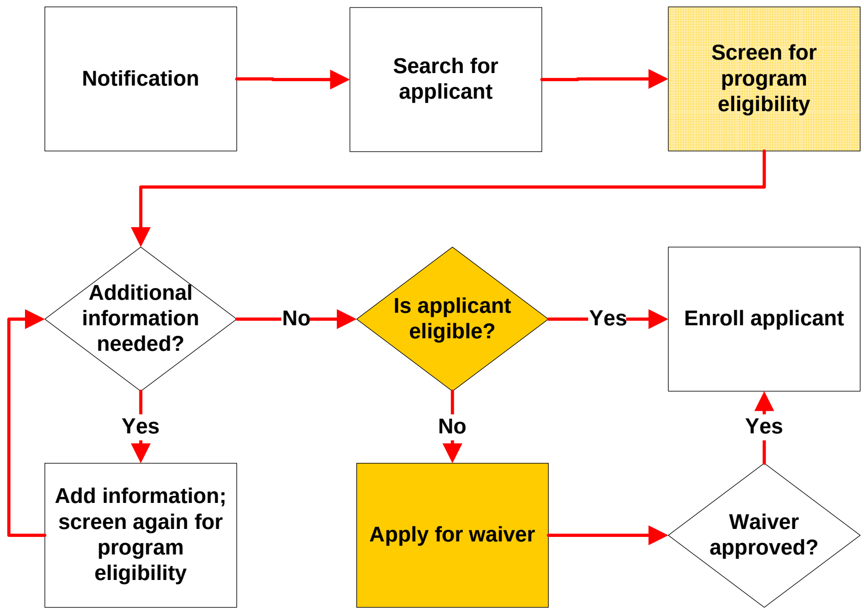
Module 11: Requesting a Waiver

Waivers Overview

When a client is ineligible for the program, the authorized user can request a program eligibility waiver for a client.

The waiver is approved or denied by the *Department of Public Health (DPH),* usually within a few days.



If the waiver is approved, the system allows the applicant to be enrolled.

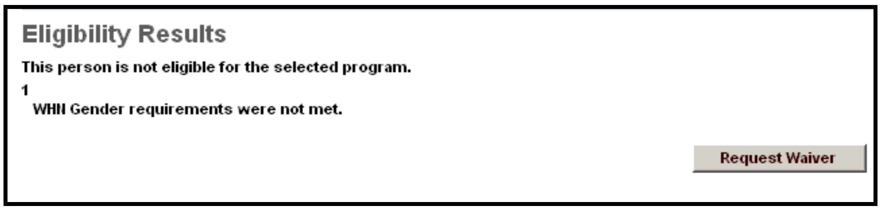
Women's Health Network is currently only approving waivers for male applicants at risk for breast cancer.

Accessing the Waiver Request Page

The **Waiver Request** page can only be accessed when an applicant is determined ineligible through Single Program Eligibility.

To access the **Waiver Request** page:

1. Access the **Face Sheet** page.
2. Click **Single Program Eligibility** in the navigation bar.
3. Determine that the individual is not eligible for the program. (the waiver cannot be requested unless the applicant is ineligible)



4. Click 

The Waiver Request block appears at the bottom of the page.

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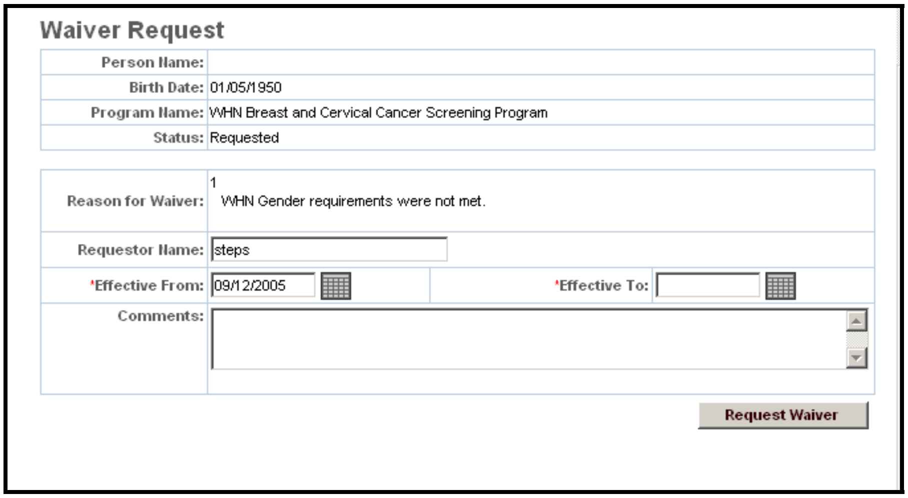
Requesting a Waiver

To request a waiver:



1. In the Waiver Request block, enter waiver details, ensuring all required fields are populated.

Note: In the **Effective From** and **Effective To** fields, enter dates approximately a month apart. This is the time period in which you can enroll the applicant once the waiver is approved.

2. Click 

   A message confirms that the waiver request has been submitted.

Important: In the comments section, enter reason for waiver request. A decision will be based upon rationale inserted in comments section.

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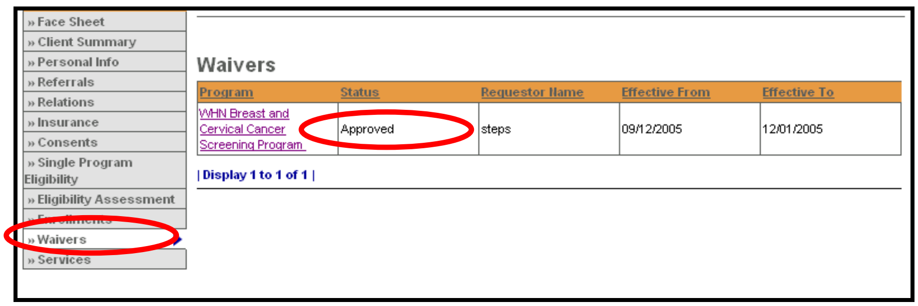
Viewing Waivers

Once you submit a waiver, check the system regularly for a response. Waivers should be approved or denied within 3 days, most within 24 hours.

To view or update the status of existing waivers:

1. Access the **Face Sheet** page.
2. Click **Waivers** in the navigation bar.
   *The **Waivers** page appears; the waiver is listed as submitted, approved or denied.*
3. Click the Program link to view details.



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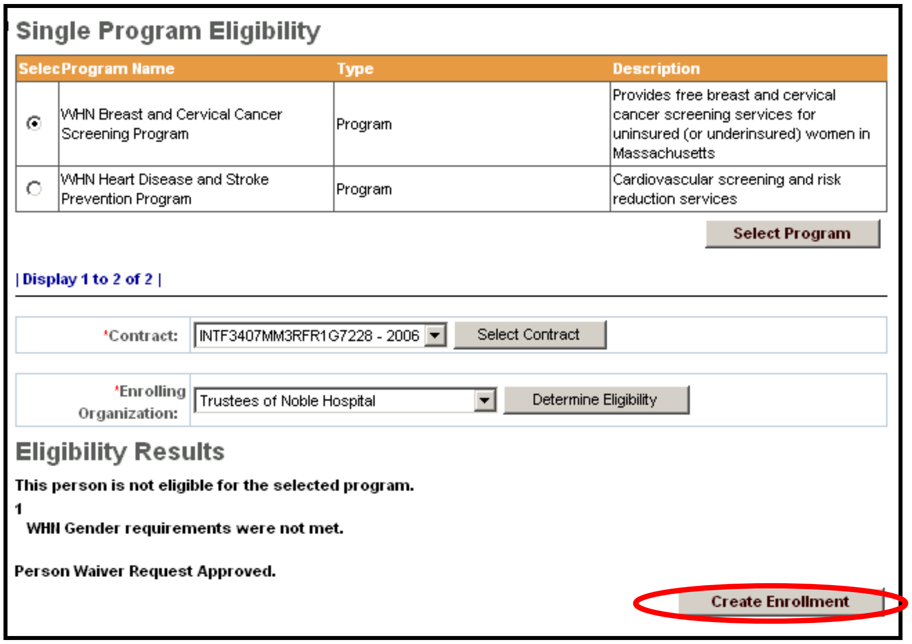
Enrolling an Applicant With an Approved Waiver

To enroll the applicant, you must go through the Single Program Eligibility screening again. (See module 7).

The system determines the applicant ineligible; however, since there is an approved waiver, an enrollment button appears and allows the applicant to be enrolled.



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Module 12: Working with Prior Authorizations

Authorizations are a function of treatment planning, case management and service delivery in the ESM system.

Business Process Overview

An authorization is the process by which providers request permission to provide a particular service or services. Not all services require authorizations. Providers should submit authorizations prior to service delivery. Previously, requests had been submitted in many forms: telephone, fax, paper and electronically. *EIM/ESM* will streamline these processes accommodating a paperless transmission.

Designated staff members from a service provider organization have the ability to create authorizations for a specific client, identify the status of each authorization, and review the amount of services for each authorization. Designated staff in the program office have the ability to review authorization requests that have been received from providers associated with their programs and respond to such requests.

Authorization Request Statuses

The following table lists the status states that are posted during an authorization request:

Status	**Definition**
Draft	Initial creation status
Submitted	Request has been sent for authorization
Hold	Status of authorization while awaiting an agency-indicated response
Approved	Authorization request approved by reviewer Once approved services are ready to be delivered and billed on.
Rejected	Authorization request rejected by reviewer